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The Higher Aspect of Nursing

By 
Gertrude Harding



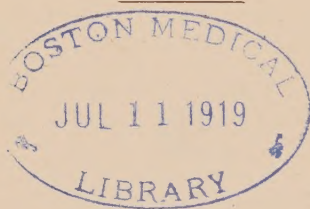
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To that noble band of women—the Professional Nurses—who have consecrated their lives to the care of the sick, and who are fighting one of the greatest battles of civilization in behalf of Nature's Constructive Principle—the battle for the health of Humanity—this volume is dedicated by

THE AUTHOR

FOREWORD

THE writer feels that she owes to those who may read the following pages, a brief statement of the experiences which have impelled her publicly to venture her views on the subject of nursing. She believes (with becoming modesty, she hopes) that she has a definite message for those who are now actively interested in, and for all those who in future may devote their lives to, the profession to which her own life has been devoted. She even presumes to hope that her efforts may prove helpful to some of her fellow nurses—if not to all—who shall follow her, free from prejudice and with the honest desire to improve.

She wishes, in any event, to give to those who are interested in this noble, unselfish and difficult work such benefits as she has derived from her personal experiences, analyses, reasonings, deductions and conclusions, in the hope that these may be of some real service to them in their own work.

During her life as a practising nurse she has studied long and earnestly the many and various problems of a nurse's life and work, always with the purpose and hope of finding for these problems practical solutions which might be passed on to her fellow nurses and serve them in the difficult and arduous path they have elected to travel.

She has the temerity to believe that she has found solutions of at least *some* of the problems she has encountered in her life as an active nurse. Her earnest desire now is to pass her knowledge on to her fellow workers,

with a personal appeal to each and everyone to experiment with the "remedies," and determine for herself the correctness of the solutions.

The author completed a three years' course of practical training in one of the Eastern hospitals which accepted patients from all classes of society. After this she did private nursing for one year in the poorer districts of a large city. During this time she came in contact with the less intelligent classes of people, and thus had an opportunity to study nurses from *their* point of view. After a year of this work she entered one of the high-class hospitals of the same city, in the capacity of head, surgical nurse, coming in very close contact with many of the well-known physicians and surgeons, and particularly with many nurses of widely varying types of womanhood. For six months she was in position to study the motives, ideals, inner workings and experiences of these nurses.

Subsequently, at the New York Neurological Institute, nine months of daily personal contact with almost every type of womanhood—from those of the highest intelligence and ideals to the lowest—afforded another opportunity to study the members of the profession in their active and practical work. For, New York City seems to be a congregating place for nurses from all over the world, because of its working advantages and its many attractions.

All nurses intermingle in the hospitals. Those whose motives are the noblest and most unselfish live and work side by side with those who are actuated by motives and impulses the meanest, most sordid and selfish.

Following the nine months of post-graduate work in the heart of New York City, she began private nursing

in that city, and lived in a large home which was occupied always by an average of thirty nurses. These nurses, when not busy on cases, or awaiting calls, would meet in the different rooms of the home for friendly visits and chats, or in the large reception hall where together they enjoyed music, singing, or other entertainment. This gave the very best opportunity for studying these women in their freedom, unhampered by any forced conventions, or false dignity.

Two months she lived daily among these women, studying their lives, their motives, their inspirations, and their purposes. Subsequently she was employed in a private sanitarium, in one of the fashionable suburbs of New York City, where she remained for five months in charge of a nervous patient. Here she was thrown into an association with a considerable number of English nurses, together with many others from different points in this country.

Later she was Superintendent of Nurses in a private sanitarium. This institution was under the personal supervision of a General Superintendent who accepted only such nurses and helpers as were willing to conform their lives, as nearly as may be possible, to a definite code of moral principles and ideals. Thus, as Superintendent of Nurses, she was brought in contact with a class of women who were held to a definite standard of life; and it afforded her many opportunities, much pleasure and valuable experience in the study of human nature.

She believes she has been associated with most of the varying types of womanhood; and in her association with all classes of patients, physicians and nurses she has been able to identify and classify at least some of the problems

and difficulties of a nurse's life. She hopes these experiences and associations will be accepted by her readers as a substantial basis for the deductions and conclusions contained in this volume.

From personal observations and interviews with disinterested patients, physicians, and people entirely outside the medical profession, the writer has found that the general reputation of nurses, as a class, is very far below the ideal. Scarcely any other profession has so invited and called down upon itself, both justly and unjustly, the criticism of the outside world. This has been a source of profound regret and sorrow; for, many beautiful and noble souls, with the loftiest ideals, who are striving to give the best of their lives to the Cause of Humanity, must unjustly suffer along with those of the profession who justly deserve, and are responsible for the establishment of, such a reputation.

The moral laxity and almost uncontrollable desire for relaxation following a strenuous case, tend to immorality on the part of the individual nurse, as well as to the degradation of the reputation of her profession. Usually among the so-called "upper class" of society no nurse is considered a "lady." This is because in some cases she is "earning a salary," and in others because she is not "high-born."

But being a "real lady" includes and involves vastly more than these requisites; and in the following pages an earnest effort is made to point out and define a "real lady." It is hoped thus to stimulate each reader with the desire to merit fully that designation and know in her inmost soul that she deserves it. If each nurse who reads these lines will, to the best of her knowledge and

abilities, strive to become a true lady, in a very short time the general reputation of the profession will be what we truly desire it to be—one of the highest and most exalted in the world.

The author, as a result of the years of her experience, has arrived at the conviction that no woman has a moral right to enter the nursing profession with purely selfish motives. There is a higher aspect of the profession which seems to have eluded many of those who enter upon it.

It is to this higher aspect of the subject, and to this more exalted view, that the attention and interest of the reader are invited in the following work.

These are the credentials of

THE AUTHOR.

April, 1919.

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The Higher Aspect of Nursing

CHAPTER I

Preliminary Explanation

Let it be understood at the outset that this is not a work of criticism. There is no intention of condemning the regular, conventional training required of a nurse prior to the time she receives her diploma entitling her to practice as a professional. The necessity for such training is fully understood and heartily approved.

It is assumed that the reader is either a graduate nurse who has had this regular, conventional training, or is now in process of acquiring that education. It is also assumed that in this training the reader has been, or is being, educated to a definite knowledge of the nurse's responsibilities and work in caring for the sick.

Assuming these to be true, the purpose is to point out a higher aspect of nursing which is not sufficiently taught in the regular training schools. The desire, if possible, is to open the way for the introduction of that higher education which has to do with the building of individual character. It is hoped to stimulate in every nurse an earnest desire and the personal effort to make her life and character an exemplification of true womanhood. For, this is the only basis of real success in her own profession, as well as in all others.

The following chapters of this work will deal with the *Temptations of Nurses*. It is believed, however, that

preparatory to this, it is well to give a short explanation of the reasons for making this the subject of the present volume. What follows is an attempt to do this as clearly and concisely as possible:

1. From personal experience it has been noted that, in the majority of cases, women enter upon their training as nurses innocently and comparatively ignorant of human nature in its many different phases. The average novitiate enters upon her studies with a very limited idea of the many and various temptations and difficulties she will have to meet and face alone, as an individual, in her chosen profession. Not realizing these temptations, she enters upon her training almost wholly unprepared for side-stepping the many pitfalls she inevitably will find in her pathway.

During her course in training school she is continually facing these difficulties and temptations; but, at the same time, she is not acquiring the knowledge necessary to meet and overcome them. No knowledge is given her, from those in charge of her training, which will equip her successfully to meet and overcome these temptations. After the completion of her school training she enters upon her regular, professional work no more prepared to recognize and overcome the temptations which lie in her pathway than when she first entered upon her schooling.

In many instances she is far less equipped to do so. For, because of certain degrading influences and tendencies unavoidably surrounding her in the training school, such high ideals of individual character and of the nursing profession as she may have possessed before entering have been, to some extent, vitiated or de-

stroyed. She enters the outside, professional work with a somewhat perverted ideal of nursing and a more or less demoralized standard of life. Therefore, she is unable always to recognize temptations, as such; and, when she does, often lacks the moral stamina to overcome them.

2. The many temptations of a nurse's life, as such, present themselves in various and most subtle ways. They disguise themselves so cunningly, so cleverly and so adroitly that, without a previous knowledge of these different phases, one would be inclined to overlook them *as temptations*. And no temptation can be overcome until it is first recognized *as such*.

It is a means of education to every individual to have difficulties pointed out by definition, illustration and elucidation in advance, until they become so impressed upon the individual's consciousness that they are forever before the mind.

In this work it is hoped so to define, identify and classify the various forms of temptation that each and every individual who studies them will be able to recognize, identify, understand and appreciate them in whatever form they may appear. The purpose then is to outline the remedy for each of these difficulties in a manner that will enable each individual nurse to apply it to her own life and experiences.

3. One of the most lamentable phases of the subject is in the fact that many temptations occur so frequently in the lives of nurses (especially those who have been in the profession for any length of time) that one has yielded before she is fully aware of the fact; and, after the first or second yielding, that particular form of self-

indulgence becomes a matter-of-course to her. Later, inevitably and perhaps unconsciously, it becomes a fixed habit of life. It is accepted as one of the privileges or prerogatives of the nurse's profession and is taken for granted.

Through continued observance of the different forms of self-indulgence practised among her associate nurses, it soon comes to pass that such temptations are overlooked, and their evil effects are ignored. This is human nature the world over.

Naturally, the lives, moral characters and ideals of these older members of the profession have their potent influence on the younger members. Not having been taught differently, these younger members soon come to accept the moral laxities and lower ideals of their seniors and superiors as legitimate. This also is human nature.

The object of the following chapters on "*Temptations*" is to define, identify, classify and illustrate as many of the most common temptations of the nurse's life as possible; and to do this in such manner that each and every nurse will be able to recognize the various temptations, whenever and wherever she meets them, and thus be prepared to overcome them.

The purpose is to place within the reach of the younger members of this noble profession, *in advance*, a knowledge that will be of service to them during their schooling, as well as during their professional lives.

And lastly, it is hoped to inspire those whose moral sensibilities have been blunted, by experience in the midst of temptations, with a higher ideal of their responsibilities, and a more exalted standard of life.

CHAPTER II

Unworthy Motives

From personal experience and observation it is believed that *Motive* is the primary consideration of every prospective nurse. An effort has been made to determine the essential, beginning point of temptation, in the lives of those who elect to enter the training school. This has demonstrated the fact that a *motive* always precedes an *action*, whether that motive be defined definitely in the actor's mind, or not. Therefore, before a woman enters a school of nursing she has a *motive* for so doing, whether she has consciously stated that motive in her own mind, or not.

This motive may be noble and unselfish, or it may be of the meanest and most selfish character. However, it is a *motive*. Through study of the members of the profession, it has been observed that, in a large measure, the motives impelling nurses have been very largely of the purely selfish kind. These are many and varied.

In the following pages an effort will be made to present, illustrate and classify these various motives, in such manner that the reader may know and recognize them, and appreciate their unworthiness. It is hoped, then, that they may realize and appreciate the importance of *right* motives in the nursing profession.

The following are the motives most frequently observed:

1. Need of a home.
2. An occupation.
3. To forget sorrow and trouble.
4. Shelter for hiding.
5. Practical training and knowledge.
6. The study of human nature.
7. Adventure.
8. Money.
9. Romance.
10. Matrimony.
11. Unselfish service to humanity.

The limitations of this volume will not permit a detailed consideration of all these various motives. Reference will be made, therefore, to those which appear to be of most vital importance.

Women frequently enter the training schools of nursing for the simple and sole purpose of finding a home, or a shelter from the outside business world. Frequently, too, we find those entered there by relatives who, in their goodness, as they believe, have found them a home—without having consulted the desire, choice, or abilities of the individual concerned.

These women enter, or are entered, with absolutely no motive in their own souls other than to have a place to eat, sleep and live. They do not consider the sorrows, trials, heartaches and disappointments they inevitably must encounter. Neither do they have any true desire to be of service to the sick and the weary. These altruistic ideas are foreign to them. They enter the work without enthusiasm or interest, begin the grind of making beds, bathing patients, rolling bandages, etc., and continue this grind, each day becoming more weary of the

drudge. Consequently, before the term of their conventional schooling is completed the hard work and continual suffering they have faced have, as a rule, embittered them, disappointed them, and lowered any ideals they may have had of the nursing profession. However, the fear of being cast into the world without a home, or a place to live, hangs over them as a shadow. They decide to live out the drudgery until they receive their diploma entitling them to do "professional nursing." This will enable them, in turn, to earn money and provide for themselves a home. They proceed in the work of nursing with this alone as an impetus. The drudgery continues (for drudgery it is without the higher ideal constantly in mind) until they become irritable, embittered, pessimistic and selfish, and a disgrace to the profession.

The work of a nurse is so difficult, so nerve-racking, so discouraging at times, and calls for such a vast amount of unselfish effort, that only those are able to do it successfully who are actuated by unselfish motives, high ideals, a constructive attitude of soul, and the moral stamina necessary to maintain their ideals "in the midst of a hostile environment."

The second destructive motive is a mercenary one. The money temptation is one which enters into almost every profession of life. The nursing profession is no exception. It has many applicants who have the idea that it will enable them to make a large amount of money easily with the minimum of work. There comes a time, in the lives of a certain class of women, when they are compelled to face the problem of deciding upon an occupation through which they can earn a living. The question is: What profession can they enter which will

afford the largest amount of wages for the smallest amount of personal effort and actual work?

They have heard of the salaries demanded by graduate nurses for private-duty work; and, to them, the salaries are enormous for the amount of work required. They get the idea that the nursing profession is a great "paying business"—a sort of gold mine, as it were—and thereupon they elect this as their life work. Consequently, they enter the school of training with this object in view—to obtain the highest salary of a professional nurse.

The probationary period is interesting and educating. The work is enjoyable and not difficult; therefore, the applicant who enters with the mercenary motive usually does her work well, appears interested, and is accepted as one of the regular class of nurses. After a year or two the conventional work inevitably palls, becomes monotonous, wearisome and uninteresting. She continues, however, always bearing in mind the time when she will receive her diploma and be entitled to the standard "large salary" of the private-duty nurse. This incentive leads her on to complete her course, however monotonous it has grown, and however lacking she has become in the real spirit of the work.

The work of private nursing is entered upon very enthusiastically because of the money which is to be received at the termination of each case. Great plans are made for the disposal of the "small fortune." And thus, at the outset of her journey, she is more or less unselfish and interested in her work as a private nurse. Her first wages delight her soul, and she believes she has chosen her life's work wisely.

Her first year as a professional nurse passes. Upon

looking back over it she finds that the "small fortune" she had anticipated is chiefly conspicuous by its absence. In her planning she has failed to realize the *expenses* of a nurse, or the unoccupied weeks, *perhaps months*, between cases during which time her expenses continue. This she had overlooked. Now, however, in reviewing her accounts for the year she discovers, with deep disappointment, that the expenses have about balanced the income. Added to this disappointment is a realization of the uninteresting and monotonous life she has led while working with the idea of money alone in mind, and while waiting at home, day after day, for a case call. It seems hardly worth while to her—from a purely money standpoint.

However, after carefully studying the problem, she decides that possibly, after all, one year is not a fair trial. She intends to test out the following year by continuing to do the same character of work and by exercising greater economy. The year's work is begun in this attitude, with the hope of *making more money*.

Each case becomes more wearisome, uninteresting and repulsive to her, even though it does bring a large salary. Upon completing a case she finds herself irresistibly drawn to various kinds of entertainment to break the monotony of her life. She spends a considerable amount of extra money in accomplishing this end; but she appeases her conscience by promising herself to be more saving—*after the next case*. Following each case, however, she finds herself demanding more of the expensive forms of entertainment, and she grows less and less interested in her work.

This continues until at the end of the second year she

is thoroughly disgusted with the drudgery of conventional nursing. This disgust is increased threefold when she finds that her bank account is no larger than it was at the beginning of the year. She is heart-sick and weary, discouraged and disgusted, disappointed with the nursing profession, and inclined to take up some other line of work. All worthy ideals of her profession, entertained by her prior to entering the school of training, are shattered.

She finds it difficult to leave this work after three years of schooling, during which time she has earned virtually nothing. She feels that she cannot afford to give it up now, and therefore determines to go on as a sort of martyr.

It is in this attitude of soul that she enters upon her third year of nursing, with no desire nor motive but merely to make money enough to carry her through the year. Her influence on patients and associates has become more and more depressing and disheartening. She radiates disappointment, heartache and discouragement; therefore, she finds it more and more difficult to secure cases. She continues in the profession, however, a blot and a discord, a living justification of the public's condemnation.

And this result follows because she entered the profession with an *unworthy motive*, one which does credit neither to herself as a woman nor to the dignity of the profession she has chosen.

The third motive is that of *Marriage*.

Marriage is one of the greatest events of a woman's life. It is an experience to which she has the right to look forward with happy anticipations. It is the dream

of almost every true woman at some time in her life. It is one of her struggles for happiness. It is a legitimate, normal desire and a constructive one. For, any woman not having this desire at some period in her life, is abnormal. But however strong this desire and longing may be, it never must be allowed to fill the dominant place in a woman's life. She must not allow it to become the sole theme of her essential being and shape her course according to that dominant longing. Insofar as she allows this, the desire becomes destructive.

But how often we find this to be true! How frequently we find women doing a certain kind of work with the only object in view of "getting a husband!" How common it is to find women allowing themselves to be dominated by this longing or desire, until it becomes, instead of a noble and constructive inspiration, a most destructive factor in their lives! It is, indeed, far too often that we find this true.

There is a considerable class of women whose sole object in life appears to be that of marriage. This class is again divided into two sub-classes, according to motive:

1. Those who have a true and earnest desire for the love relation.

2. Those who have a strong desire for someone to support them.

It is the second class to which this chapter specifically refers.

Either because of financial anxieties, or because of pure indolence, the women of this class decide they must have someone to support them. They come to the conclusion that marriage is the best and easiest solution of the problem. Then begins the search for a husband.

Knowing that nurses, in their work, are thrown into close relation with men of every type and station in life, this appears to them a large field for their "researches." Accordingly, they decide to enter the field of nursing. If they know of the difficult and strenuous life of the practical nurse, they lead themselves to believe that "the end will justify the means." In other words, they are willing to work hard, even drudge, day after day if at the end they can capture a "husband." On the other hand, if they are ignorant of the difficulties of this work, they enter the profession enthusiastically, but with no motive in the world other than to gratify the longing of the soul for a husband.

By feigned or forced interest, and through purely mechanical work, they are accepted, perhaps on trial, into the regular class of nurses. After they have received the uniform and have become established in the work the real search begins. They put forth every effort to work among the male patients, and then to captivate and win them. This is their inspiration. The necessary work they find assigned them is done as rapidly and carelessly as possible, without interest or thoughtfulness, or any deep sense of responsibility. It is simply a means to an end. As they continue in the course, with their interest and energies directed in other channels, the work is virtually forgotten and inevitably shirked. It becomes tiresome and monotonous; but they continue in it, always hoping and waiting for the realization of their purpose and, in the meantime, doing as little work as possible.

Perhaps during their schooling they become "engaged." If not, it usually is no longer than a year following graduation before this important event occurs. By some

hook or crook the end is accomplished. But God and the nurse alone know how. The work, in the meantime, has been done carelessly, has been shirked. All attention has been directed in another channel; and the reputation of the profession, as well as that of the nurse herself, has suffered accordingly.

Perhaps the accomplishment of the object of these women's lives brings happiness to them, but more frequently unhappiness is the result. Consequently, their nursing experience has been the cause; and, therefore, all manner of hard things are thought and said of the profession by these disappointed seekers. This adds nothing of good to the outside view of the profession, but only serves to justify the low respect in which it is held by many. Because of the women who enter the portals of this noble work with such motives, the other and more worthy members suffer alike the degraded reputation of those who justly deserve it.

At this point it seems proper to digress from the direct line of the theme, sufficiently to express a few thoughts on the subject of real Happiness as a result of True Marriage. The kindly forbearance and patience of the reader is asked during this short divergence, which may or may not be of interest to her.

Consciously or unconsciously, the objective point of every individual's life is *Happiness*. From the beginning of his existence he is searching and striving for Happiness; for, "*Happiness* is the highest attainment of the *soul*," and he intuitively recognizes this. His life is made up of struggles to reach this objective point.

Some may think they have found happiness in money, others in art, others in music. They may believe they

have found happiness in some professional work. Yet, a time comes when there seems to be a void in their lives, a longing for something they have not found. If these would but analyze this craving and understand its meaning they would find in themselves a longing for a greater happiness which never can be attained through money, social position, art, music, nor any professional work.

After years of experience and study in this line, students and searchers for Truth have come to the realization that *true happiness* is the result of the *perfect marriage relation alone*. The true marriage relation has for its only basis *perfect love*; therefore, complete happiness can be only the result of the *perfect love relation*. It comes only through the perfect union of man and woman who are intelligently and harmoniously mated.

"Only the man and woman who *love* really live. Only such as these are exercising the highest faculty of the soul. Only such as these experience that rare exhilaration of body, spirit and soul which constitutes the *highest earthly happiness*."

"*Happiness* is a matter of intelligent companionship, of sympathy and confidential coöperation, with *another individual* of our own plane of development."¹

"The highest and most exalted phase or mode of consciousness is the desire of the soul for *Individual Completion*. Its satisfaction involves the highest activity of the soul, which is *Love*. Its complete satisfaction we call '*Happiness*.' "

"The attainment of *rational Happiness* rests primarily upon a possible, perfect marriage relation."²

¹ "Harmonics of Evolution," by Florence Huntley.

² "The Great Work," by TK.

The above quotations point out the fact that real Happiness can be attained only through the true marriage relation, which is the result of the perfect love existing between man and woman.

A marriage resulting from any other motive or desire than for the companionship and inspiration of the loved one is a disgrace to the individual, the sex, and the entire human race.

When every woman accepts this as her ideal of true marriage and strives to become worthy of the happiness resulting from such marriage, we no longer will find the nursing profession encumbered by the class of "man hunters" spoken of in the preceding pages; and, as a result, the standard of the profession will be raised.

The last unworthy motive to be considered is that of *Romance*.

The assertion that at least one-third of the women who enter the nursing profession do so with the idea of enjoying a most "romantic" life would seem to be justified by the facts at command. That is the motive which impels them to enter this field of occupation. The emotional side of their natures craves romance, and the occupation of nursing seems very promising to them in this particular.

These women usually are of the frivolous, impetuous and vacillating type. They have had few, if any, serious thoughts in life, or never have acquired any real knowledge of definite things. They enter into the field of nursing without consideration of the work and its difficulties, and without any knowledge of the disappointments they inevitably must encounter. The only idea in their minds is *Romance*.

They enter a school of nursing. While the work assigned is performed, usually in a slipshod, careless manner, it is done without real interest. What extra time they can command is spent in romancing, or in carrying on flirtations with the patients or doctors, instead of being devoted to the acquisition of more knowledge of their profession and work. In other words, no more time is devoted to nursing than is absolutely demanded of them.

Women of this class, as a rule, will entertain, and be entertained by, almost any male patient or doctor who will show any interest in them. All effort is made to attract the attention of the men to themselves by every means available. These are the nurses we find keeping company with and entertaining doctors and patients contrary to hospital rules, and disregarding the entire ethics of their profession. The time off duty is spent in this way, and usually any form of entertainment is indulged, whether it savors of immorality or not. They are enjoying *Romance*.

When personal attention is paid them by physicians they are flattered, and immediately anticipate some romantic ending. Women of this type do not know, of course, that usually one of the first efforts of certain physicians is to break down the dignity and reserve of every new nurse, simply for the pleasure it affords them, and because they rather feel it is expected of them. Association with nurses of this type has led a number of physicians to feel that it is their duty, as it were, to become familiar with every nurse, and carry on flirtation with her. This very thing is what these same doctors, particularly in the hospitals, endeavor to do. At every opportunity they will, by word or act, embarrass, or lead on

a nurse, until she forgets her dignity—unless she is strong enough and has the moral stamina to withstand the temptation. But our romancers are ignorant of this fact.

Because of the number of women of this class in the nursing profession, some of the physicians have come to regard all nurses as mere “playthings,” when not actually doing the conventional work of nursing. While a woman is assisting with the dressing of wounds, or making beds, or giving medicines, she is a *nurse*, and is held rigidly to her dignity as such; but when this work is completed, immediately the physician forgets that she ever had dignity or womanliness, and treats her as an individual without intelligence.

Certainly, the nurses themselves are partially responsible for this attitude on the part of certain physicians; for many nurses are, in reality, no more than they are actually given credit for. But *all* nurses suffer this reputation along with the romancers. And this is unjust!

The only way to lead these physicians out of this “path of destruction” is for each individual nurse to have the moral courage, the strength and the perseverance to retain her dignity and proper reserve against any temptation put in her way by any physician.

The entire school course of these women is lived through in just this manner. They accomplish the necessary work as hastily as possible, and with the minimum of effort—just so it will pass inspection—and romance the balance of the time. By “bluffing” at every possible step of the way, in lectures and work, they get through and are given a diploma. They now have the right to do professional nursing, which they look forward to as another possible large field for romancing.

The work is accomplished in the same manner, except that now the flirtation and entertainment are carried on with the male members of the patient's family. The patient is neglected; and it is not infrequently we learn of a crisis, or even a death, occurring while a nurse is somewhere else, entertaining a member of the family.

These women continue, year after year, in the field of this work, always with the object of romance in mind. They continue carrying on flirtations, living reckless lives, neglecting their work and patients. They continue to lead on the public in the idea that the majority of nurses live for romance. They continue to degrade and ruin the reputation of the nursing profession.

While there are many other unworthy motives which impel women to enter the nursing profession, those referred to are the most frequent and important ones, and those which exercise most influence on the reputation of the profession. Each one expresses a phase of some fundamental, destructive element of human character.

Let us stop for a moment to consider the underlying elements which are at the basis of these unworthy motives:

The first under consideration is the *desire for a home*. The person with such a desire, and such a motive, thinks only of herself and of her longing for something she has not. She sets out to acquire the object of her longing regardless of the inconvenience or destruction she may cause in the process of acquisition. This is selfishness, pure and simple; and her motive is an expression of that selfishness. In this motive we may find also an element of fear, namely, that of finding herself without a home.

Hence, the first unworthy motive is a phase of *selfishness* and *fear*—chiefly selfishness.

We all know that selfishness is an unworthy motive, the result of a most destructive impulse. It generally is accepted by students of, and authorities on, the subject that those who shape their lives by the motives and impulses of selfishness may gain temporary advantages over their fellows, but sooner or later must “reap what they have sown,” and inevitably will be forced to realize that the journey of their lives has been along the downward path.

The *mercenary motive* always is a phase of selfishness and fear, insofar as we allow the desire for hoarding to become dominant in our lives.

While those of us who hoard may find satisfaction in the hoarding, even this satisfaction may have the effect of so stultifying our views of life that we fail to see the upward path of unselfish service which leads to Light and Happiness.

Marriage, with the sole object of having someone to support us, is undoubtedly an act of selfishness.

Again we find that while this phase of selfishness has been satisfied, happiness has not been attained, nor do we find ourselves any nearer the great goal of life because of it.

The underlying motive which impels any person to seek pleasure in romance will be found, upon analysis, to be Vanity, either of person or intelligence—usually both.

And so we find back of every unworthy motive these great, underlying, destructive elements of character—Selfishness, Fear, Vanity!

These elements, in all their many phases, are great destructive factors in the life and character of any individual, and bring degradation and ruin into his life. The great duty of every individual is to control these destructive elements and tendencies and convert them into constructive forces.

So, too, these factors, when allowed to enter into the noble and unselfish profession of nursing, are most destructive elements and bring degradation and ruin to the profession as well as to the individual. Every woman entering this profession owes it to herself, as well as to the profession, to know the Law of Life, and pledge herself, in advance, to a conformance with its demands upon her. For this underlies all real and permanent success.

With such unworthy motives in the souls of a number of those women who enter the field of nursing, is it any wonder that the profession has acquired a questionable reputation in the eyes of some of the general public?

The Law of Constructive Life is the Law of Unselfish Service.

CHAPTER III

Demoralizing Influence of Physicians

In this chapter the desire is to present to the reader what has come to be regarded as the first and most vital temptation of a nurse's life after entering the training school.

This is the inevitable temptation arising from the destructive influence of certain physicians upon the life and character of every nurse.

While this temptation is exerted throughout the entire life of the nurse, it more frequently exists during her course of training; and the damage to her character, if at all, is done largely during this period.

Almost every woman, at the outset of her course of nursing, possesses at least a reasonable amount of self-respect and dignity. After entering the hospital work she finds herself constantly facing the temptation of losing this self-respect which is one of the essential and most vital prerequisites of a good nurse.

She finds this temptation arising from two sources, namely, from the patients—usually the male patients—and from internes and visiting physicians—most frequently the latter. These physicians, of the class referred to, endeavor, in every way possible, to break down her reserve and dignity, and establish familiar relations with her.

From the first day of her work in the training school

she is brought in contact with the physicians, and sometimes with male patients; and she continues to be so throughout her entire school course. From this time forward she is facing the temptation above referred to. From the first meeting most physicians, who have studied human nature at all, form an opinion of the woman's character and moral stability. A certain percentage of them seem to have the impression that any woman can be broken down under masculine influence. It is human nature to desire to test and prove our abilities as readers of human character, and to determine how far our first impressions and opinions of others are correct. So it is with physicians of the class referred to. After having impressions, and forming an opinion of a new nurse's character and moral stability, they determine to prove these impressions and opinions correct or false. They deliberately set out to do this. Thus, we find, in almost every instance, a new nurse enters upon her school work with this adverse force working against her.

These physicians, determined in mind to test out their impressions and opinions of a woman, will use any means in their power to break down the dignity and reserve of a new nurse. They will use foul language, pass embarrassing remarks, be discourteous and unkind, flatter, flirt, repeat smutty jokes, expose patients without necessity; and, in truth, do almost anything to cause the nurse to forget her dignity. Even at the risk of their own reputations they will do all this.

Generally speaking, perhaps, the new nurse starts in her work with due self-respect and a proper amount of dignity. Very soon, however, we find her meeting temptations from various doctors and in various ways.

One physician will endeavor to establish familiarity by repeating a smutty story to her. He fails to get her interest. In half-an-hour, perhaps, another will try to accomplish the same end by passing embarrassing remarks in the presence of patients or other nurses. Another will try by flattery and flirtation to interest her; another by using foul language, or by exposing a patient without necessity. Perhaps in a single day she will have a dozen or more of these temptations to overcome.

By using self-control she manages to maintain her dignity and self-respect, only to run the same gauntlet tomorrow. She continues to live above these temptations for weeks without once giving any sign of undue familiarity to any of her tempters. However, the same tactics are continued by them.

After what is considered a fair trial, if the nurse still continues to maintain her dignity these particular physicians will attempt to accomplish their end by disregarding and avoiding her, hoping to gain her interest in this manner. They will show all courtesy to, interest in and preference for those nurses who have allowed familiarity; they will exhibit impatience, disregard and lack of interest in the dignified, reserved and modest woman. They continue in this manner until the young nurse begins to see that apparently she is considered a prude and a "goody-goody." No young woman enjoys this reputation. Soon, therefore, we find the new nurse debating with herself whether or not, after all, it is not better and wiser to be friendly and even familiar with these physicians, and to have their good will and interest, rather than be reserved and, as a result, be regarded as a prude.

Perhaps through the influence of other nurses, or through her own deductions, she comes to the conclusion that it is best to be on familiar terms with these doctors. She sees other nurses, who lack proper self-respect and reserve, installed as apparent favorites among the physicians. She decides to do as others have done. She determines to follow the example set by some of her seniors.

From this time forward she enters into the spirit of the smutty jokes, the flirtations, the flatteries and foul language; and each day she becomes more coarsened in her expression and general character. However, she finds that these physicians give her more attention, are more friendly and interested in her; therefore, she leads herself to believe that she has done the right thing. She believes that she has come to be the type of nurse admired by the physicians. She continues in this path, each day straying farther from her starting place of self-respect and modest dignity.

An illustration of this temptation and its results may be of interest to the reader:

A young woman of twenty-five entered the hospital and began her training as a nurse. She was a quiet, intelligent, studious, self-respecting and dignified young woman, with a high ideal of the nursing profession. She entered with a very noble motive in her soul; namely, that of service to humanity.

As with most nurses, some of the visiting hospital physicians at once set out to destroy the dignity and reserve of this young woman and bring her to familiar terms with them. Every means available was used, but the nurse resented these insults, and clung closer

to her self-respect and to her ideal of nursing. The more dignified she became the more severe became the attacks of her tempters. After many futile efforts on the part of the physicians, the nurse herself and her associates observed that she was being shunned and disregarded by certain of the physicians, to an extent that it became most embarrassing to her. It was afterward learned that these particular physicians had discussed the subject among themselves and had decided to combine their individual efforts to break this woman's reserve and modesty by the policy of avoiding her!

She proceeded in her work, always doing her utmost to merit the good will and confidence of these men who so deliberately shunned her. She was always pleasant, cheerful and friendly toward them; yet her friendliness never was reciprocated.

This condition continued for six months. She saw her less dignified and less capable associates receiving appreciation and attention from the physicians, and her own efforts and attempts overlooked and disregarded. This was a constant source of humiliation and sorrow to her. Her ideal of nursing began to fade; yet, realizing this, she clung to it and fought her battle alone. A long and strenuous battle it was—whether to give up her ideal and gain the good will of the doctors, or to cling to her ideal and continue as an outcast among the nurses.

At the conclusion of the battle she, like the majority of mankind, decided to follow the line of least resistance. She decided to yield to the temptation. The battle had been too long, too arduous, too strenuous. The odds were against her. She lost courage.

From the moment of this decision she began to travel

the downward path of life. About as rapidly as possible she became familiar with all the doctors who previously had shunned and embarrassed her. She entered into the spirit of their jokes and listened calmly to their stories. She was accepted into their fold, became one of the favorites of them, and continued as such until the completion of her course.

By this time it was difficult to recognize our young nurse as the studious, womanly woman who entered the hospital three years previously. She had become coarse in speech and manner, slovenly in her work, unsympathetic with her patients, and radiated vulgarity to everyone with whom she came in contact.

Upon entering the field of private nursing she found her case calls very few, and those few most undesirable. It was seldom she received a select or desirable one. She found that the doctors who had been the cause of her giving up her ideal and her womanliness during her hospital course, now had lost respect for her, and regarded her as an unwholesome influence to be sent to any of their private cases.

She became disappointed, discouraged and weary of the nursing profession. Her high ideal, not only of nursing but of womanhood, was shattered. She was heart-sick and weary of life.

And so it is with all nurses who relinquish the ideal of their souls for the adulation and outward appreciation of the physicians. They may gain temporary advantages; but inevitably they will learn, in the end, that they alone have been the losers. No person, deep in his soul, admires nor has respect for an unwomanly, undignified, immodest woman. No more has a physician,

deep in his soul, admiration or respect for an undignified nurse who lacks modesty, poise and stamina, even if on the surface he does convey such an impression. The nurse seeking a physician's good will through familiarity with him at the sacrifice of her own character, will find that this has been merely a temptation placed before her by the physician to test her moral stamina and the stability of her character. As long as she retains her dignity she may know that, deep in his soul, her tempter respects her, whatever his outward manner may be. But the moment she surrenders sufficiently to allow undue familiarities she likewise may know that, however great is the seeming approval, she has lost the respect of those about her. And too late she will realize this.

After he finds her lacking in the kind of stability and strength necessary to withstand continual temptation, the physician will lose confidence in her as a nurse, will think of her as unworthy of trust, and will consider her as unfit to radiate the kind of influence he desires to have surround his patients. She will find herself unable to get work. She will realize then that her yielding to temptation has brought only disappointment and havoc into her own life instead of pleasure and edification. She will realize that through yielding to this temptation she is traveling the destructive path of life. She will know that she merits the low reputation so often held of the nursing profession.

In order to overcome these temptations and gain not only the permanent good will but also the respect of the physicians, as well as that of all our associates, we must first look within ourselves. We must decide for ourselves the right path to follow—the Constructive

Path of Life. For it is only a knowledge of *Right* which can inspire the *Moral Courage* necessary to overcome trying temptations. We then must cultivate the kind of *Perseverance* which will enable us to fight the temptation to the end. In other words, we must have the "Intelligence to *Know*, the Courage to *Dare*, and the Perseverance to *Do*."

We must realize that every energy and force put forth in personal effort to withstand temptations is sure to bring us a reward in some way or other, under the great *Law of Compensation*. No effort ever is lost. Somehow, somewhere, sometime we will reap the reward of every honest effort. If our efforts do result in apparent failure we always must bear this in mind and still cling to our ideals. This is the only way to live a constructive and successful life. This is the only way to realize that contentment and satisfaction which are the result of one's knowledge that he has lived and fought for his ideals. And it is the only way which leads to permanent, constructive results.

Moreover, every nurse, sooner or later, must come to realize that her *Personal Responsibility* obligates her to the *Living of a Life*, in strict conformity with her own highest and best ideals. This is the Law of Nature.

Perhaps there is a question in the mind of the reader: "How is it possible for me to maintain my self-respect and ideal of nursing without giving offense to the physician?"

Every nurse must realize that there is a middle ground between undue familiarity and that extreme dignity which expresses itself in haughtiness or imperiousness. It is this middle ground for which she must strive. It

is this meridian line she must attain and maintain in order to accomplish the above task.

There are various expedients for the accomplishment of this end, but from experience the conclusion is reached that the following method of dealing with the problem accomplishes the largest measure of good:

A quiet, assiduous application to the work; a dignified, self-poised, self-controlled manner; careful, efficient accomplishment of duty; the exemplification of kindness, cheerfulness, courtesy and dignity at all times; a wholesome disregard of the effort being made to break her dignity and poise.

Such an attitude of soul consistently maintained, sustains self-respect and high ideals, and at the same time, does not offend. This attitude of soul, persisted in and rigidly lived every day, inevitably would demand the respect of the physicians and force them to cease their unworthy efforts. It could not do otherwise.

Inasmuch as there are an almost infinite number of difficult and embarrassing situations arising between physicians and nurses, it will be impossible to illustrate the many phases of this temptation within the limitations of this volume. However, there are certain definite principles which, if practised, will be found a remedy for any of the various phases of this particular problem.

In the first place, it calls for *Alertness of Consciousness* on the part of the nurse to recognize the efforts of a physician to destroy her reserve and modesty. It calls for *Wakefulness* to recognize the temptation when it comes. It requires of her a determination of the right path to follow in order to maintain a proper and legitimate equilibrium. In other words, she must have the *knowledge*

of right in mind, and the *knowledge of how to meet* the temptation. The solution of the problem calls for *Moral Courage* which, in turn, demands the exercise of *Will*, to do the thing she has determined upon. It calls for *Self-Control* to maintain the kind and friendly attitude, and to control the resentment, offense or embarrassment which undoubtedly is in her soul following such an experience. It demands that she maintain the spirit of brave *Cheerfulness* throughout the trial, and fulfil her *Personal Responsibility* by living up to her own highest and best ideal of life and living.

We will find these principles the means of overcoming the adverse influence of the class of physicians referred to; and, as we travel along the path indicated in this book, we will find them to be fundamental principles of life. Thus, by meeting and overcoming temptation in this manner, we go forward on the constructive path of life, maintaining our ideals, attaining new strength to conquer future temptations, and in no way offending our fellowmen.

These fundamental principles of life are:

1. An Alert Mind and a Wakeful Consciousness.
2. Moral Courage and Will.
3. Perseverance.
4. Self-Control.
5. Tactfulness.
6. Cheerfulness.
7. Courtesy.
8. Personal Responsibility.

These principles constitute the constructive basis upon which we must build our "Temple of Human Character." They establish the constructive attitude

which leads to Soul Growth and Self-Completion—the primary purpose of the soul. They reveal the path of life which leads the individual soul to its final goal.

May it be that each reader, as she studies these lines, shall be given the light to see the truth of these statements and come to a realization of the fact that these are primary and fundamental principles of Nature which must be obeyed.

So be it!

CHAPTER IV

Discordant Magnetisms

One of the common temptations in a nurse's life is the result of discordant magnetisms. It is a temptation insofar as she allows the repulsion and irritation resulting therefrom to destroy her mental equilibrium. This temptation she must learn to control and ultimately to master.

The reader may ask:

"What is Magnetism? How can it bring about such results?"

An effort will be made, at this point, to explain Magnetism and its activities as briefly and clearly as possible:

Every human being is a dynamo of vital energy. This vital energy radiates from the center of his being. Every individual has an abundance of such vital force and energy, which constantly is radiating outward from his essential self. This vital force, or energy, is called "*Human Magnetism*."

This human magnetism constantly forms an atmosphere about the individual, in which he lives, moves, and has his being. He is never without this environment *during his waking moments*. From the very beginning of his physical life he is radiating, *during his waking moments*, his own vital force which we designate "*Magnetism*."

Note carefully the italicized words in the preceding

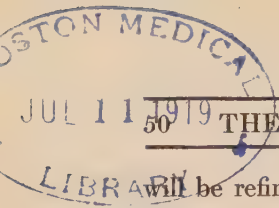
paragraph. They are of the most vital importance to a clear understanding of the subject. For it is only during the *active, waking* moments of his life that the human dynamo is engaged in radiating its vital energy, or magnetism. During the hours of sleep is the time Nature employs in *re-storing* the human battery with a new supply of magnetic energy. During physical sleep the physical body is generating within itself, as well as absorbing from its environment, vital energy and magnetism sufficient to run the dynamo during its active work of the waking hours of each day.

A right understanding of these facts will enable the reader to appreciate the importance of making for each patient a constructive, magnetic environment during his sleeping moments and hours, as well as during his waking life. For, during his sleep he is absorbing the vital magnetism of his environment. If it is destructive his sleep gives him no benefits; but, on the other hand, it does him added injury.

It is herein that every nurse, as well as every physician, needs a more definite knowledge of the law of human magnetism, in order to understand and appreciate the opportunities each of them has for giving to the patient the element which Nature most needs in her therapeutic effort and reconstructive process.

Human Magnetism is, in one sense, a kind of measure of the status of the individual at any given time. It represents his physical being, his nervous organism, his mental attitude, his muscular body, and his spiritual body- for the latter, when normal conditions exist, is a distinct harmonic of his physical.

If the individual is highly developed his magnetism



will be refined and high in vibratory activity. If he is of the low physical type his magnetism will be correspondingly coarse and slow in vibratory activity. In this way one's magnetism manifests the status of the individual at any given time.

For purposes of illustration, we may liken the individual, human being to the musical scale. From the standpoint of magnetism, every human being is a *tone* in the *scale of individual life*. Each individual radiates his own magnetism. There are infinite shades of tone in music, and the individual may represent any or all of these shades of tone. Therefore, he may radiate any shade of magnetism, from the very coarsest to the most refined. Through his personal effort he is able to raise or lower the tone of his magnetism, just as it is possible to raise his voice from a lower tone to a higher, or *vice versa*, in music.

A person highly enough developed to be sensitive to the effects of magnetism is able, in a very short time, to form an opinion of another person without either seeing the person, or hearing him speak. He is conscious of the vibratory rating and quality of that individual's vital energy, or magnetism. He is able to judge his status by his magnetic radiations. But he himself must be high in vibratory rating to be able to do this *intelligently*.

Now and then you will hear of a person who is able to sense the presence of other human beings near him without seeing, hearing or feeling them. Why is this? It is because his own magnetism comes in contact with that of the others. His consciousness is so alert that he gets the impression of the contact through either the discord or the harmony of the magnetic relation.

Frequently we meet persons and, without a word or action on their part, we immediately feel a great attraction to them, and a sense of quiet, peaceful exaltation in their presence. They seem to bring harmony into our souls. This is because their magnetic radiations are in tune with our own, and therefore in harmony. They are, as it were, our magnetic harmonic.

Why is it that so frequently, from the first moment of meeting, we have a definite feeling of repulsion or irritation toward certain individuals? It is because our magnetisms are not in tune, and therefore cause inharmony.

It is the same in music. We find two tones of the scale which, when set in vibratory motion, cause inharmony and a clashing sensation. We do not enjoy it. It often causes irritation in a person who is especially sensitive. The same is true in the relations of human beings.

We find two individuals differently tuned, as it were. One is the more highly developed. They meet. Their magnetisms are already in vibratory motion, and they come in contact. They clash and cause discord. Immediately there is a feeling of irritation and repulsion in the more highly tuned individual, because he is more sensitive to the inharmony. The consciousness of the other is not sufficiently alert to note the discord. He cannot understand this irritation and repulsion. Few people do. Once the cause is understood, however, it is a question of personal effort and self-control to overcome it.

Any individual who has attained a high point in personal refinement and spiritual unfoldment, by conforming his life to the Constructive Principle in Nature, is

able to *see* this radiation of magnetism from other individuals. He is able to observe that the radiations are of different lengths and different colors, according to the individual's state of development. By seeing the magnetic radiations, and understanding their meanings, he is able to read the individual's real status.

This vital energy, like every part of the human organism, is, or should be, under the control of the mind of each individual. Therefore, by maintaining a right mental attitude one is able to refine his magnetic radiations.

When he comes in contact with another person whose presence irritates or repulses him he can, by maintaining deep in his soul an attitude of kindness, helpfulness, friendliness and courtesy, tune himself so as to be in harmony with the other person. By keeping his soul in this attitude he can elevate himself to a dominant harmonic with the radiations of the other magnetism. It is inevitable that the one who puts forth the personal effort to establish harmony with the other is bound to raise himself to a higher spiritual key. By virtue of the personal effort alone he is raised.

Any person who understands the law of magnetic radiations is able to bring harmony between his own magnetism and that of another individual by maintaining such an attitude of soul. It depends on the mental attitude. With such an attitude of soul in the person striving for harmony, it is impossible for the other to bring inharmony. For always the constructive effort will elevate that person to a magnetic harmonic of the other. It is within the possibilities of every individual to do this with any other human being.

Since this magnetic antagonism is so frequently found

among healthy, normal people, does it not seem reasonable to find it even more often in unhealthy, abnormal people?

It is not an uncommon event to find a patient deeply antagonistic to a nurse, or a physician to a patient, and *vice versa*. It is, in fact, a most common occurrence.

Without apparent reason, and with no explanation to give for it, we find an occasional patient so antagonized and repulsed to a certain nurse that the latter's presence causes nervous chills and paroxysms. Every time that particular nurse is admitted into his environment she irritates and repels her patient more than the time previous. It acts as a barrier between the patient and health. It is all seemingly without reason, and the patient generally is blamed for it.

Very few people—including nurses and doctors—realize that there is a cause for it, and what this underlying cause is. They have yet to learn that it is inharmonious, magnetic relations and conditions.

Not understanding the cause, the nurse usually thinks it prejudice or misjudgment on the part of the patient. Realizing this supposed prejudice or misjudgment, she becomes resentful and allows herself to get into an unkind, unfriendly, irritable and critical attitude toward her patient, and loses all sympathy with him. She, in turn, becomes antagonistic to the patient. This naturally disturbs her magnetic vibrations and causes still greater inharmony between them.

This is wherein lies the temptation. The nurse has the impulse to resent this attitude of the patient, and in most cases allows this resentment to manifest itself in outward manner. Her Vanity has been offended, and

no attempt is made to control the resentment resulting therefrom. She allows self-indulgence to have its way. She, like most people, looks outside herself for the cause, instead of turning her attention on herself and seeking the cause of the difficulty within. She accepts the patient's attitude as a stimulant to her own anger and allows that anger full sway. Instead of exerting personal effort to control herself and thereby establish harmonious magnetic relations, she gives way to her impulses and falls a victim to the temptation.

Insofar as she does this she causes greater friction between herself and her patient and brings a destructive condition into her own soul. Nothing is gained, but much is lost.

If such a nurse understood the difference in magnetic, vibratory ratings and the results of inharmonious magnetisms, she would have an appreciation of the difficulty and a sincere sympathy for the antagonized person. Instead of retaliating through irritation, unfriendliness and unkindness, she would exert all her self-control to establish an attitude of soul which would bring harmony between them. She would establish, deep in her soul, a true feeling of friendliness, kindness, cheerfulness, helpfulness and sympathy; and would radiate these into her patient's environment and atmosphere. By so doing she would improve the quality and increase the potency of her own magnetism, extend its radiations and influence, raise her own moral status, and so refine her own magnetism as to create a dominant harmonic between herself and her patient. She would be acting as an educator to the patient by teaching him that such an attitude can be overcome. She

would be refining her own essential nature, and would become a potent factor for good. She would be gaining for herself in every way, and at the same time would be practising the principle of unselfish service in helping the patient.

The following is an example of discordant magnetism, quoted from "*The Ideal Nurse*"—by Josie Curtiss:

"I have a friend who once was so sick that her nerves would become seriously affected when a person, not antagonistic in health, would enter the room. Her nurse believed this to be merely a mental whim. After my friend became blind, the disagreeable person was admitted into her presence. Not hearing the¹ step, and without sight, my friend was thrown immediately into nervous paroxysms, clearly showing natural magnetic antagonisms."

A personal experience may help to make clear the results of discordant magnetism between patient and nurse:

During her third year of hospital training, the author—for convenience, Miss D.—was ordered on special night-duty with a female patient suffering from septic pneumonia. The day-duty nurse was Miss A.—a woman whose ideals of nursing had been shattered, and whose work, consequently, had become very monotonous to her.

After one week on the case, Miss D. became conscious of the fact that her patient was making requests of her to do a good many things which were, in reality, a part of the duties of the day nurse. She wondered, but said nothing. She was always very careful to avoid doing things which might give Miss A. (the day nurse) reason

to feel that she was herself being relieved of her responsibilities.

Mrs. S.—the patient—was a kind, intelligent, thoughtful and uncritical woman, by nature, and most appreciative of any effort made in her behalf. Miss D. knew the attitude of Miss A.'s soul, and the outward manifestations of that attitude. She, therefore, had a profound sympathy for the patient, and a sincere pity for the nurse.

Mrs. S. was ill for three weeks during which time her condition continued its course without a crisis. She was gradually becoming more irritable and impatient, and lacking in consideration for those about her, yet always tried not to reveal this in her manner. Miss A. was conscious of this also and her manner became unkind, unfriendly and unsympathetic. The gulf between her and her patient widened as a result.

One evening Miss D. came on duty to find her patient crying, and heard from Miss A. that she was unable to discover the reason therefor. After a time, in which the patient was given ample opportunity to relieve herself, Miss D. inquired the cause of her unhappiness. Immediately the patient, as if greatly relieved to do so, told her story.

She told of the repulsion and antagonism she had always felt toward Miss A. since her first day on duty with her. She told how Miss A.'s presence irritated and so aroused her impatience that it absorbed all her energy to control the outward manifestation of it. She told of the chilling effect of Miss A.'s touch, of the grating effect of her voice, and of the exasperating effects of her attempts at sympathy. She said she had

tried to overcome this, but her efforts consumed all her strength and left her without the energy to control her outward manner. It was becoming impossible for her to control her irritation, and Miss A. was becoming cross, unkind, and impatient with her. (In this instance Miss A. had yielded to the temptation.) Mrs. S. realized that this was destructive to her condition, but was too kind-hearted and too appreciative of Miss A.'s efforts to ask for her discharge. Miss D., not knowing at that time the underlying cause, thought it merely dislike on the part of Mrs. S. But, knowing Miss A., she could not blame the patient.

The septic condition continued. No crisis symptoms were noted, but Mrs. S. became gradually weaker. The physicians concluded that the disease would culminate by lysis; and, therefore, would take some time. Because of the heavy expense it was decided to retain only one nurse on the case. The Superintendent ordered Miss A. to remain. Miss D. was discharged and told to report on general duty the following afternoon.

The next morning, however, she was called at three, to return to her case. On arriving, she found the patient's temperature had risen to 106° , and that the physicians were expecting her death at almost any moment. Miss A. later reported the sudden change, in the following manner:

"The Superintendent told Mrs. S. that I was to be on twenty-four-hour duty with her. Immediately the patient began to cry. She refused to tell me her reason. This continued about half-an-hour when suddenly she began to have chills and spasmodic contractions of her facial muscles. I employed all possible means known to

me to overcome the chills and nervousness, but all my efforts were futile. Mrs. S. grew worse. Her temperature rose rapidly. Every time I touched her I felt a tremor pass over her body."

Miss A. had notified the physicians, and all efforts were made to control the condition, but without results. Finally Mrs. S. confided to her physicians the terrible effects of the presence of Miss A. and of her own inability now to control her condition. She asked that Miss A. be removed from her case. This request was overlooked, for the physicians thought her irresponsible as a result of her extremely high temperature and nervous tension. Her condition continued without abating. Finally, it was decided to grant her request merely as an experiment.

Miss D. was recalled to the case, but learned nothing of the circumstances until later. She received her orders from the physicians and proceeded to fulfil them. While doing so the physicians noted a brighter expression on the patient's face and perceived that she was becoming quieter. In half-an-hour the chills had ceased and Mrs. S. was resting comfortably. The physicians remained with her for hours, until confident the immediate danger was passed. They then left the hospital, pleased with the patient's condition, but completely dumfounded.

These men did not understand the effects of clashing and inharmonious magnetisms. They did not understand the potent results of this inharmony. Had they done so, the patient might have been saved hours of suffering and much vitality and energy, every atom of which she sorely needed.

If Miss A. had known something of the inharmony of magnetism, and the destructive possibilities of its results, she would have recognized the symptoms at once. Had she desired to fulfil her personal responsibility, by overcoming temptation, she then might have proceeded to establish harmony between herself and her patient by radiating from her own soul friendliness, kindliness, gentleness, cheerfulness, sympathy and patience. By so doing she might have raised herself to a dominant, magnetic harmonic of her patient, and thus have removed every destructive condition. She might also have saved hours of intense suffering and possible death.

Had she known of the process by which every human organism absorbs magnetic energy from its environment during sleep, she might have done much to assist her patient by making a constructive, magnetic atmosphere for her during her sleeping moments.

By so doing she not only might have saved her patient suffering and unhappiness, but she might, at the same time, have improved her own spiritual status.

But Miss A. was entirely ignorant on the subject of discordant magnetisms. So also were the physicians in charge of the case.

By right use, and by properly directing the radiating energies through Will, human magnetism can be made a most potent agent for either good or evil. It is the responsibility of every individual to make his or her own magnetism a potent factor for *good*.

The following is an illustration which shows the constructive use of magnetism and its wonderful potencies when properly directed:

A woman, who had been committed to the insane asylum, was granted a parole through the influence of Dr. H. This physician was in charge of a private sanitarium in which the so-called "natural" methods were employed. Desiring to prove the efficacy of this treatment, he asked for permission to apply his methods of treatment to this particular patient. She was admitted to his sanitarium in a delirious and wholly irresponsible condition.

After her arrival, each day Dr. H. entered the room in which the patient was detained, she became furious and uncontrollable. She would not allow him to come near her, even to make an examination. He tried to overcome this repulsion on the part of his patient by bringing with him other physicians and patients of the sanitarium. But never was he able to enter her room without invoking the same destructive hostility in his patient. After remaining for some time in the sanitarium she became so irrepressible that she would allow no one to come near her. Nurses and physicians alike were attacked by her whenever they entered her room.

Dr. H., knowing something of magnetism and its potencies, concluded that this was a case of "clashing magnetisms."

He asked a friend, Dr. E., to visit his patient. He knew Dr. E. to be a man of striking personality, strong individuality and potent magnetism. He knew him as a man of high ideals and lofty spiritual development, a man who had a strong sense of personal responsibility, and who knew the right use of magnetism. He determined that if anyone could establish harmonic, magnetic relations with his patient Dr. E. was the man.

The day of experiment came. Dr. H. first entered the patient's room alone. Immediately she became furious and uncontrollable. He remained a few seconds, during which time she continued in this condition. He left the room and immediately thereafter Dr. E. entered.

He stood in the center of the room calmly looking at the patient. He directed the magnetic rays of his own being toward her through his power of Will. Not a sound was heard save the mutterings of the woman. His soul was in a constructive attitude of kindness, helpfulness, friendliness and sympathy, and the determination to overcome her repulsion. He was pouring out upon her his magnetism charged with all these beneficent potencies. He remained in the same attitude, radiating his quiet, soothing, constructive magnetism into her atmosphere, for about two minutes. He then extended his hand to her and greeted her. She looked up into his face. The wild expression went suddenly from her eyes, leaving a soft, friendly, intelligent light in them. She extended her hand to him. She became calm, and before Dr. E. left her room she had narrated to him the cause of her condition.

He visited her frequently thereafter, taught her the underlying cause of her repulsion and instructed her in the remedy. Through the efforts of herself and Dr. H., in a very short time they had established a harmonic, magnetic relation. All repulsion and irritation were overcome, and the doctor continued his work until the case was entirely cured.

This illustration proves two points:

1. The potency of vital energy when rightly used.
2. The possibility of converting discordant magnetism

into harmonic relations through personal effort and Self-Control.

The purpose is to establish in the mind of the reader that there is an underlying cause for antagonisms and repulsions in patients toward individual nurses; that this cause is a clashing of inharmonic magnetisms; that this antagonism and repulsion arouse the destructive impulses of resentment, unkindliness, unfriendliness, criticism and irritation in the nurse; and that these destructive impulses constitute the one temptation connected with discordant magnetisms.

The great duty of every individual soul is Self-Control. This means controlling destructive tendencies, emotions and impulses, and transmuting these into impulses of constructive power and energy through the control of the Will. This means that temptation must be overcome. It means that every individual must accomplish this by himself if he wishes to fulfil his duty.

In this chapter a temptation has been pointed out. It is the duty of each nurse to overcome this temptation whenever and wherever she meets it. She is to do this by maintaining within her inmost soul a feeling of tolerance, kindness, sympathy, friendship and helpfulness. By consistently maintaining such an attitude she overcomes her impulse to resentment and irritation and radiates constructive magnetism. Through Self-Control and Personal Effort alone she accomplishes this. This may not be easy, but what great work is? And is not individual character building a truly great work? To overcome temptations calls for persistent, personal effort and self-control.

The desire here is to impress upon the reader the po-

tency of vital energy rightly used; to help each individual to understand the attitude of soul necessary for her to radiate the constructive magnetism; to inspire her with a desire to strive to maintain that attitude of soul and then rightly to use her magnetism in her efforts to help others.

Realizing that during her sleeping hours a patient is absorbing magnetism from her environment, to be expended during her waking hours, the nurse should understand that it is her own business to furnish the highest and most constructive quality of magnetism possible to supply this demand.

Each effort on her part will increase the potency of her own magnetism, extend her magnetic radiations and influence, raise her own moral status, refine her own essential nature and lead her to the goal of self-completion. For, Self-Completion is, consciously or unconsciously, the goal of each and every individual soul.

CHAPTER V

Irritability and Impatience

Perhaps one of the most prevalent temptations of the nursing profession is that of *Irritability* and *Impatience*.

This temptation prevails in hospital and private duty alike. Because of its prevalency it shall be the next topic under consideration.

It may be, and it should be, of both interest and help to every reader who is interested in the subject at all, to know something of these mental disturbances from a purely psychological point of view. Let us stop for a moment, therefore, to study and analyze these mental states from this viewpoint.

Lexicographers give to these words the following meanings:

Irritability—"quick excitability to Anger."

Impatience—"intolerance; one of the lighter forms of Anger."

Thus, we see that *Irritability* and *Impatience* are phases of *Anger*.

Anger is agreed by all psychologists to be one of the most destructive psychological disturbances known in all Nature.

Anger very aptly has been designated by one authority as "Psychological Combustion."

The effects of Anger on the physical body strongly resemble those of fever. Anger accelerates the circula-

tion, overheats the blood, delays digestion, destroys living cells and tissues, and intensifies nervous activity. As fever causes serious illness, and often death, so Anger frequently causes intense physical suffering, and oftentimes instant death.

Anger expresses itself in many forms, phases and degrees; but destruction is ever and always the result.

Rage, fury, hate, wrath and revenge are the extreme forms. The psychological effects are intensely destructive. Their action is like that of a consuming fire destroying a barn of hay. The fire destroys not only the outer shell of the structure, but also its contents, the hay. So rage, fury, hate, wrath and revenge destroy not only the outer shell of the individual organism—the physical body—but also its occupants, the spirit and the soul. Its action is rapid and intensely destructive.

Displeasure, indignation, exasperation, detestation, annoyance, ill-temper, as well as *Irritability* and *Impatience*, are the milder forms of Anger. Their consuming process is less rapid and violent than the more extreme forms, yet as certainly destructive. The psychological action is slower in accomplishment, but its destructive results are just as inevitable. In other words, it is a slower form of *psychological combustion*.

The motive and intent of the irritated and impatient person are to bring destruction to others, but he inevitably will find that the destruction to himself is far greater than that to any other individual. For, "A wrong done to another degrades most the wrong-doer."

This is an established fact of Nature.

In the temporary physical life this may not always be true, if we consider immediate results only; but in the

soul realm it is inevitably so under all conditions. Sometime, somewhere, under the great, inexorable Law of Compensation, *every wrong must be righted*. Each temptation of Irritability and Impatience yielded to, prolongs the task of balancing our account with Nature, and delays the attainment of our final goal of Self-Completion, Self-Satisfaction and Self-Content.

Each individual who yields to the temptation of Irritability and Impatience thereby erects a barrier between himself and his ultimate goal. This is an infinitely greater detriment to himself than any he could bring to his fellowman. Therefore, *he* is the loser. Let it be remembered that *each individual* will be held to strict account under this same great Law of Compensation. If any wrong has been done, the wrong-doer will receive a more just punishment from *Nature*, in her own good time, than is possible for any individual to inflict. Therefore, it is a waste of both time and energy to seek another's destruction through Impatience and Irritability.

From this short analysis we have learned that Impatience and Irritability are forms of Anger. We have learned that Anger is one of Nature's most destructive psychological agencies, and that it is "Psychological Combustion."

Let us now consider the remedy for this destructive agent.

The remedy is *Self-Control*.

It is the only tried, tested and proven remedy for the psychological cataclysm called Anger. It is the only constructive remedy known in Nature. It overcomes the cataclysm and acts as a tonic to the soul. Therefore, it is constructive in its results.

It is just possible the reader may have the impression that Self-Control means self-suppression, or self-abasement. She may, perhaps, think that controlling an impulse, emotion, desire or tendency of human nature means its entire destruction, or annihilation. This is not true.

Every impulse, emotion, desire, appetite or passion of an individual is a legitimate part of his nature. Self-Control does not mean the entire destruction or elimination of anyone of these, whether it be of the physical, spiritual or psychical nature; for this would cripple his essential self. Each of these appetites, emotions, impulses or passions may be indulged until it becomes a most destructive factor in his life. On the other hand, it may be so under control of the individual's Will that in an instant it can be diverted, repressed or converted into constructive energies. This is the meaning of *Self-Control*, as herein employed. This is the only power or process which can prevent these mental tendencies from becoming destructive to the soul, and at the same time convert them into constructive factors in the psychic development of the individual.

It is within the power of every individual to become master of his appetites, passions, emotions, desires and impulses, instead of becoming a slave to them. He is able to dominate and control these instead of being dominated and controlled by them. Through the power of his Will he is able to restrain these impulses, passions and appetites within constructive limits and never allow them to pass this line into the destructive region. This is the meaning of *Self-Control*. It is the primary duty of every individual to do this, to become

Master of himself through the practice of this principle. A high sense of Personal Responsibility will be of help, in that it will enable him the more easily to exercise a constructive Self-Control.

Thus, we find that *Self-Control* is the only remedy for *Irritation* and *Impatience*.

Irritability and Impatience are such prevalent temptations in the life of a nurse that many have come to accept them as natural and legitimate. In most cases, no effort is made to control them, and in the large majority of instances they are not considered temptations at all.

Every nurse must come to realize that these are among the most destructive temptations in her life, and that failure to control them foreshadows an unsuccessful future for her in her professional work, and leads to her own defeat and consequent humiliation and unhappiness.

We find exhibitions of Impatience and Irritability, day after day, among the hospital nurses, as well as the private-duty nurses. They become impatient and irritable with patients, with visitors, with physicians and fellow workers, and occasionally even with themselves. They give uncontrolled vent to these forms of Anger. In this they disgrace both themselves and the profession.

For example: A patient, for some reason of his own, hesitates to swallow his medicine when it is brought to him. He may or may not have a good reason. This is unimportant. The fact remains that he keeps the nurse waiting. She is pressed for time. Immediately she becomes irritated and impatient with her patient and outwardly expresses this by harsh speech or action. She hurries the patient, or tries to force him to swallow

the medicine immediately. She expresses lack of control in her entire manner. She yields to the temptation. The penalty is inevitable.

Either the patient becomes cross and irritable and refuses outright to take the medicine, or he takes it against his Will and only because forced to do so. In either case there is a feeling of unkindness, resentment, and lack of respect on his part for the nurse. He broods over the incident and becomes unhappy and nervous. He becomes disgusted with nurses in particular, and the profession in general. His chances of recovery are thereby lessened.

The nurse, on the other hand, fails to fulfil her Personal Responsibility by failing to practice Self-Control; she loses the confidence of her patient and through this, perhaps an opportunity for service; and merits the patient's low opinion of her. In both cases there is Psychological Combustion.

The following is another practical illustration: A surgeon enters a ward in a hurried manner and demands a nurse to assist him with the dressing of a wound. The nurse complies with the demand. Her other work is put aside. She produces the dressing-tray as quickly as possible and prepares the patient. She is ready for the surgeon; but, alas, the surgeon is not there. She waits and waits in vain for him. In the meantime her other work awaits her attention. She goes in search of the surgeon. She finds him, perhaps visiting another patient; perhaps discussing a late operation with another physician; perhaps discussing the weather with a nurse; or, possibly flirting with some nurse—without the least evidence of haste. Apparently he now has all eternity

in which to dress that wound. The nurse continues to wait, perhaps five minutes, possibly half-an-hour. It depends upon the mental state of the surgeon.

When finally he comes to do his work the nurse has become irritable and impatient with him. She makes no effort to control or to conceal this fact. Her outward manner expresses her attitude of soul. If the surgeon is of the humorous type he will humiliate her by laughing at, or making fun of her. If of the serious, dignified type, he will realize her lack of Self-Control, be disgusted with her, and lose respect for her. The patient, too, as well as her fellow nurses who know of the incident, will have less confidence in and respect for her. This is her compensation for yielding to the temptation. From the standpoint of her own best good, *does it pay?* No! A thousand times, No!

While most readers will affirm that this sort of thing furnishes just cause for irritation and impatience on the part of the nurse, at the same time they will have to admit that the compensation is not worth the energy expended.

The temptation and impulse were legitimate. They might occur with anyone. The nurse, however, through lack of Self-Control, allowed them to manifest themselves in outward expression and become destructive to both herself and her profession.

If, through her power of Will, she had controlled the impulse instantly, it might have been converted into a constructive power. For through her personal effort to control her destructive emotion she would have gained strength to overcome greater temptation; her own self-respect; a higher estimate on the part of the physician,

patient and fellow workers; and a higher reputation for the profession. Are not these worth the effort?

It is not expedient here to discuss all the causes of this temptation, for there are many. To elucidate and illustrate even a small part of them would call for a separate volume. Let it suffice, in this connection, to state that the temptation may be caused by physicians, patients, visitors, fellow nurses, superintendents, maids and ourselves. It appears in all forms and degrees. Each nurse will meet her own peculiar forms of it and will be able to recognize the temptation without further illustration.

If each nurse who reads these pages will keep her mind alert and her *Consciousness* awake she will recognize these destructive impulses of Irritability and Impatience, from whatever source they may come. If she then will realize her *Personal Responsibility*, and the final goal toward which her soul is striving, she will transmute these destructive tendencies into constructive energies. Through the power of her Will she will exercise *Self-Control* and accomplish this.

She will come to know that *Irritability* and *Impatience* are phases of Anger, the most destructive psychological activity in Nature. She will know in her own soul that this form of destructive activity must be overcome by Self-Control; for, *Self-Control is the only remedy*.

CHAPTER VI

Intolerance

In all ages and in all professions *Intolerance* has been, and is at the present time, one of the great stumbling-blocks in the pathway of all humanity. This is true of the members of the nursing profession, as well as those of all other professions. It is a most destructive characteristic of human nature, and unworthy of a place in the noble work of nursing. It is truly a temptation which should be overcome by every member of this institution, for both her own benefit and that of the profession.

There is, in the lives of some of us, a tendency toward intolerance of any beliefs, opinions, or thoughts which do not agree with our own. Consciously or unconsciously, what *we* think, do, or say, is entirely and necessarily right. Anyone who disagrees with us is essentially and necessarily wrong. This is an inborn tendency of many individuals, which obtrudes itself time and again. Perhaps, in some instances, the individual realizes its destructiveness and overcomes it. If not, he continues an intolerant individual throughout his lifetime.

We find this same spirit of Intolerance in children, in their work and play. We find it in youth. We find it in adults. We find it in old men and women. We find it everywhere, in all nations and among all people. Throughout all history it has been an instigator of

sorrow, unhappiness, resentment and failure, in the lives of nations as well as those of individuals.

Every human being is an individual soul. Each individual soul has been created for a definite purpose. That purpose is Self-Unfoldment. The ladder to Self-Unfoldment is the building of individual character. Each soul is searching, consciously or unconsciously, for Satisfaction or Content, which is a reward for Self-Development. God, or Nature, or the Over-Ruling Destiny, or the Great Intelligence—call it what you may—has given to each individual certain faculties, capacities and powers, as working tools with which to construct his ladder of human character. By building it, and then ascending it, he fulfils his purpose of Self-Completion, and finally receives his reward of Satisfaction and Content. Every individual soul is invested with these “working tools,” but it is not every individual who properly uses them.

Each soul varies, in its essential being, from every other soul. Some have greater intelligence to *know*; some have been endowed with a greater amount of courage to *dare*; others possess more perseverance to *do*. All human beings have their own individual merits and demerits. Even assuming, however, that all individuals are equal in knowledge, will power, perseverance and moral status, there is yet something which makes every individual soul different from that of any other, or all other individual souls, so far as we know. This fundamental, underlying, essential and universal difference between individuals is in what we term “Individuality.” That is to say, each individual soul has been invested by its Creator—whether this be God, or Nature, or the

Great Over-Ruling Intelligence—with something which differentiates it from all other entities of its kind.

For illustration: Each acorn may appear to be exactly like every other acorn, and in general pattern it is so; but no two acorns are identical in either their form or the potencies which they embody. This is proven by the fact that no two oaks are the same in form or details. The same is true of crystals. While in outward, general pattern they may be the same; yet, in their individuality they are essentially different.

It is this fundamental difference in individuality which never can be overcome. It is Nature's individual badge, or "brand," which distinguishes the individual from all others of its kind.

Because of this differentiation of individuality each soul seeks his own peculiar path and method of procedure to reach his final goal and obtain its reward. The majority of human beings continue seeking, year after year, without definitely and specifically knowing the exact object of their search. But whether or not they really know it, it is *Satisfaction* they seek.

One individual will follow the path of a particular religion to satisfy the craving of his soul. Another individual will follow a different religion for the same purpose. Others will endeavor to find peace or pleasure, some in work, some in music, some in art; but ultimately each soul is striving for the same goal—*Self-Completion and Satisfaction*—whichever path he may follow.

Because of this fundamental difference in individuality no one individual is able to think or act for any other individual. His ideals and standards may be foreign to those of any other individual in existence.

For the same reason no individual has any moral right to judge the thoughts, actions or motives of any other individual. Therefore, no individual has any moral right to be intolerant with his fellowmen; for each is following his own path, and may be doing so to the best of his knowledge and ability.

Intolerance is a great, prevailing temptation which, when yielded to, brings inevitable disappointment and failure.

We find nurses intolerant with patients, with the latter's families, with physicians, with superintendents, with fellow nurses, and with inferior help. We find them intolerant with the religious ideas, the methods of work, the social pleasures, the opinions and beliefs of others, insofar as they disagree with their own preconceived ideas. This intolerance in their attitude and manner obtrudes itself until it becomes an ugly blot upon their characters.

They fail to realize that each of the individuals on whom they vent their intolerance is striving for his final goal, whichever path he may be following. His path may be wrong. If so, when he has followed it long enough he will discover his mistake and retrace his steps to the right path. By following this wrong path it is true that he is losing both time and energy; but he is, at the same time, gaining experience and knowledge which, perhaps, are necessary to that individual soul. Instead of being intolerant with such individuals the nurse always should realize that they are only groping souls, each striving for some definite goal. In the right spirit of tolerance, kindness and service, the nurse should endeavor to lead these searchers to the right

path. This is one of the greatest services an individual can render to another—that of pointing out to a striving soul the straight and narrow path which leads to the final goal of Self-Completion and to its reward, Satisfaction.

Intolerance expresses a phase of Vanity. Selfishness and Vanity always are closely allied to each other. These are two most destructive agents, wherever they exist in human character; and they stimulate disrespect and contempt in the minds of those with whom the selfish and vain are associated. Wherever Intolerance is present we find inharmony, lack of confidence, a depressing atmosphere, resentment, a sense of suppression, unkindness, and frequently underhand dealings. These, certainly, are undesirable results. They are, however, the inevitable accompaniment of Intolerance.

A few illustrations may, perhaps, help the reader better to understand this subject of Intolerance:

Let us assume that a certain nurse is a member of the Protestant Church and a firm believer in its teachings. She is called upon to nurse a patient who is an equally firm believer in the Catholic religion. The patient is of the emotional, religious type. Her religion is the one essential thing in her life. The beliefs, opinions and outward manifestations of this patient annoy the nurse because they differ so radically from her own ideas. Perhaps she ridicules the patient; or, perhaps, becomes provoked with her. At any rate, she is intolerant with the ideals and views of her patient. She, like most intolerant people, does not practise Self-Control; but, instead, outwardly manifests her own attitude of disapproval.

Her patient soon develops a sense of suppression, not

daring to speak of her religion lest it may lead to contention. This naturally brings unhappiness to her; for, most people enjoy speaking of the essential things in their lives. Soon the patient begins to feel resentful and unkind toward the nurse. The atmosphere becomes depressing; and we find inharmony existing between the two who, for the good of both, should be in an attitude of sympathy and harmony. The patient loses confidence in the nurse, loses respect for her because of her narrow-mindedness, and harbors a prejudice and hurtful opinion of the nursing profession because of the experience. These things cause much discord, and retard her recovery.

If the nurse only could realize that the religion of her patient is but an unconscious effort of the soul to find peace and satisfaction, she would be more tolerant and, perhaps, would be able to render great service to the patient as well as to herself and the profession. Through Intolerance, however, she brings only unhappiness and harm to all concerned.

The writer has witnessed several instances in which nurses, because of religious intolerance, have refused to assist priests in administering the last rites of the church to dying patients. In every instance the family and friends reported the incident. This resulted in harm to the profession, as well as a detriment to the individual nurse.

Is there any wonder?

Very frequently we find senior nurses intolerant with their juniors because of imperfect methods of work. They may be too slow, too slovenly; or they may accomplish their work in a manner different from the methods

of their senior nurses. The senior expresses intolerance toward the younger nurse by adverse criticism, reprimanding harshly, fault-finding, and by demanding that the work be done in her way. She does not realize that this is merely the individual's own method. She makes no effort to teach the younger nurse the better method nor the reasons for it. She has no desire to help her junior nurse do better work, but simply demands that it be done as she directs. In other words, she is *Intolerant*. This naturally arouses resentment in the junior nurse, causes her to lose confidence in and respect for her senior, brings unhappiness to her and develops inharmony between them. The junior nurse becomes disgusted with senior nurses in general and with this one in particular.

One of the most frequent temptations of a nurse is Intolerance in accepting suggestions from patients, nurses, superintendents, physicians, or maids. It is usually more predominant when the suggestions come from those under her authority. Her Vanity will not allow her to accept suggestions, good or bad, from anybody; for she, in her own estimation, knows all things pertaining to her profession. In various ways she demonstrates her intolerance of such suggestions, thereby causing humiliation, hurt and suppression. For, seldom after one humiliation, will an individual offer another suggestion to the one who humiliated him; but ever thereafter will feel vitally different in her presence.

If the nurse would accept the suggestion in a cheerful, kind and appreciative spirit, she would gain the confidence of the one offering it, would thereby confer added happiness, and would stimulate the individual to give

more help in future. The patient would have greater respect for her, as well as for the profession. In this manner the nurse might gain valuable knowledge. In truth, we often find those whom we consider our inferiors in possession of knowledge which we do not possess. Some of our most valuable knowledge concerning our work may be acquired through suggestions from patients, younger nurses, and so-called inferior help. The intolerant nurse, in her all-wise attitude of soul, causes resentment, disrespect, unkindness and unhappiness in others, and earns for herself the reputation for narrow-mindedness.

We so frequently find nurses intolerant with patients. This is, perhaps, the most deplorable kind of intolerance; for, one of the necessary qualities of a good nurse, in her relation to patients, is *Tolerance* in its broadest sense.

Patients, particularly the very ill, become somewhat infantile in their natures. They demand as much attention, kindness, sympathy and encouragement as children, and oftentimes become quite as inconsiderate. They become selfish, peevish and irritable. Almost all patients, in their severe illness, take on the infantile nature; and it calls for the same kind of considerate treatment properly to handle these patients, as that necessary in the nursing of children. This demands sympathy, patience, kindness, gentleness, humility and *tolerance*.

Few nurses realize this infantile nature of patients, and because of this, treat them as full-grown adults. As a result, they give full vent to their intolerance and uncharitableness, and thus erect a barrier between themselves and success.

Nurses often exhibit intolerance in many ways toward all persons, regardless of position. Always we find the same results—inharmony, unkindness, lack of confidence, unhappiness, resentment, disrespect, and a lowered reputation of the profession. In the light of these compensations let each reader ask herself—“*Does Intolerance Pay?*”

In order to overcome this temptation of Intolerance we must bear in mind always the individuality and idiosyncrasies of every other living soul, and that each is striving to reach his or her final goal by a different path. We must bear in mind that through Tolerance we may be able to render the greatest possible service to others by assisting them along the right path of life. We must maintain an attitude of kindness, sympathy, helpfulness, gentleness and tolerance for all other individuals, and control every tendency to Intolerance.

We must remember always that Intolerance is a manifestation of Vanity, and that Vanity leads along the devolutionary path of life. And therefore, let us remember that *Intolerance* leads us toward the land of Spiritual Darkness and Desolation.

It is destructive in all its manifestations and degrees, and it stands directly in the evolutionary pathway of every individual who harbors it.

CHAPTER VII

Indolence

Indolence is a universal temptation. It is a prevailing fault in all nations, all races, all professions, among all classes of people and in all stations of life. We find it in youth, in maturity and in old age. We find it among servants, laborers, teachers, lawyers, preachers, doctors, nurses, and in every line of work, professional or unprofessional.

Wherever it is found Indolence is a bane and an evil; but in the nursing profession it plays as much havoc and causes as much disaster as in any other field of endeavor, if not more. The work of nursing calls for an enormous amount of continual sacrifice and arduous labor, both intellectual and physical. Wherever successful work is desired Indolence can have no place. This is true because success in this field of endeavor demands unceasing, untiring, industrious and persistent effort. A lack of this continuous, persevering, unceasing effort means failure. This means great harm to the entire work.

The soul of every individual manifests itself, on the earth plane, through a physical body. In this way it acquires actual knowledge through the sense channels of its physical instrument. When the physical body, for any cause, ceases its activities, the soul is unable, during such periods, to acquire knowledge obtainable

through this physical medium. Each individual soul requires knowledge of the physical world to be balanced properly; therefore, the physical body is a necessary instrument to the psychic nature, as well as to psychic development. When the life of the physical body is cut short, through disease or accident, the soul is deprived of a means to acquire necessary knowledge.

Thus we see that an individual who puts forth any effort to prolong the life and health of a physical body performs a great service to the soul which manifests through that body. This is, perhaps, the greatest service one individual can render another. This is the nurse's field of work.

There is a Destructive Principle in Nature which is the exact antithesis of Nature's Constructive Principle. As the latter builds up physical material into definite forms, so the former tears down that material and disintegrates those forms. The Constructive Principle, when exemplified in life, builds up and maintains a healthy, normal, physical body. The Destructive Principle, or process, tears down and destroys the organism, causes abnormalities and disintegration and the final dissolution of the physical body.

All disease is the result of the Destructive Principle and Process. The destructive process may be set in motion by a wrong *mental attitude*. It may be impelled by one individual exercising *control over the faculties, capacities and powers of another individual*—as in Hypnotism. It may be incited by physical causes alone, such as wounds, poisons, wrong diet, etc. Whether it be stimulated by physical, mental or psychical causes, the destructive process, when once set in motion, results

in disease of *some kind*. In other words, whatever the cause, disease always is the result of the destructive process at work in the physical body.

This primary agent may cause the death of the physical organism. It may produce only temporary discomfort. It may also result in permanent injury to the physical body and thus temporarily discontinue constructive development of the soul, as well as of the body. We nurse the diseased organism to assist Nature in checking the destructive process, and thus open the field for the constructive process to gain the ascendancy and continue its course of upbuilding. This may require physical or intellectual nursing, or both.

This, then, is the work of physicians and nurses. Their duty is to check the destructive process and assist the constructive principle and process to gain the ascendancy and maintain the same. This should be done by any and every expedient means.

Every case of disease involves a battle between the Constructive and the Destructive Principles in Nature. This battle is fought to gain and maintain ascendancy of one or the other of these principles. All means must be used by those who engage in the battle against disease to make the Constructive Principle the victor.

In cases of illness the nurse is one of the principal factors. It is true, she needs the coöperation and good will of the patient, the physician, and all those about her. But essentially she is the one who fights the battle. She may have to accomplish this with intellectual weapons, with physical means, or with a combination of both. Whatever means are used, she is called upon to fight the battle of the individual life which is in her

charge; and she must exert every effort, exercise every means, and wield every energy to save the life of her patient. This calls for an untiring, unending and persistent work on her part. It requires difficult, strenuous and unselfish labor to win the victory of saving an individual life.

In the end, however, the rewards are liberal and satisfactory. Such personal effort and labor are absolutely sure to bring their results under the great Law of Compensation. The service rendered the individual soul manifesting through that physical body, whose life and health have been prolonged by a nurse's ministrations, has been the greatest service, perhaps, which one person can render to another.

Thus we observe that nursing calls for strenuous work, both physical and mental. It requires continual attention of mind and alertness of Consciousness. It demands unceasing and persistent effort. It calls for a deep appreciation of Personal Responsibility and of the opportunities for Service.

In the light of such knowledge we can see very readily that Indolence must have no place where successful nursing is required. For this reason it should be an unknown temptation in the work of nursing; yet, we must confess it is a prevalent one.

Indolence means, according to lexicographers: "Indisposition to exertion, arising from a love of ease; indisposition to labor."

But, to yield to an indisposition to exertion, arising from a love of ease, is only another name for Self-Indulgence. Self-Indulgence is the antithesis of Self-Control. The latter is *constructive*. The former is *destructive*.

Indolence, therefore (which is a form of self-indulgence), is destructive from a psychological point of view. It always results in disintegration and consequent harm.

Women who enter the nursing profession with unworthy motives frequently become indolent before they have completed their course of training. They become indolent in their work, in their studies and lectures, in regard to their personal cleanliness, and in their duties as educators. They become indifferent to their duties, and shirk their personal responsibilities.

Let us consider, first, those who become indolent in their work; and let us note the result of their yielding to this temptation.

The necessary work varies in character in both hospital and private nursing. It includes so-called menial work, as well as the highest intellectual labor. It calls for detail and routine work, as well as essential duties. It demands mere mechanical, as well as specific, accomplishment. The detail and seemingly unimportant duties frequently are of greatest importance to the welfare of the patient.

A successful nurse must give as much attention and effort to the details of her work as to the seemingly more important phases of it. An indolent nurse usually is tempted to perform only necessary and immediate duties and shirk the less important ones. Such nurses put forth just enough effort and energy passably to fulfil the immediate and essential responsibilities, and fail to exert their Will sufficiently to accomplish any of the so-called "minor work." This is left undone.

Such nurses either do not realize the importance of details, or they deliberately put aside such knowledge.

They see a piece of detail or routine work to be done, but they are "too tired" to do it at the present time, and allow it to go undone. It does not seem to them of sufficient importance to demand the energy necessary to its accomplishment.

For instance: A physician orders that a medicine be given every two hours. He also orders that a glass of water be administered every hour. A nurse who is disposed to Indolence will fill the second order for three or four doses. By that time it becomes too much work. She thinks it a physician's whim, and feels indisposed to carry out such an unimportant order. She fails to administer the water and thereby deliberately yields to the temptation of Indolence. Her conscience troubles her, but she appeases it by declaring (to herself) that the order was a mere detail, and therefore, not essential. She continues, however, diligently to administer the medicine according to order; for this is an essential factor to the patient's welfare, and seems to her important.

In such case, however, the water may have been of far greater importance to the recovery of the patient than was the medicine. This failure on the part of the nurse, due to Indolence, may have resulted seriously to the patient, or caused unnecessary suffering. But to the nurse it seemingly was a detail only. Hence it was overlooked by her.

Again: A physician may order that a patient's temperature be recorded every hour during a certain length of time. He may anticipate complications entirely unsuspected by the nurse or patient.

The nurse takes the temperature four or five times,

finds it normal, and decides that this order is just a foolish quirk of the physician to make believe that he is doing something for the patient. The nurse believes it merely a lot of unnecessary work. She is not inclined to do things unless they appear to *her* to be essential and important. Consequently, she discontinues the task assigned by the physician, because she is unwilling to do seemingly unnecessary work. In other words, she yields to the temptation of Indolence.

In such case the temperature may remain normal and no damage result from her negligence. On the other hand, the patient may develop a sudden increase of temperature without the nurse's knowledge, and great harm may result from the lack of timely care and the application of the proper remedy. Even death may result.

Whatever the outcome, the nurse has laid the foundation for great possible harm, by yielding to this prevalent temptation which she should have recognized and overcome.

Just here let it be said that no nurse ever should assume the responsibility of discontinuing a detail or ignoring a seemingly unessential order given by a physician, without first obtaining due authority. For very frequently these orders are of vital importance to the patient's condition. Let no nurse ever assume such responsibility, for very often the results are grave.

Indolence is a *temptation*. It is true of all temptations that one indulgence leads to another, and this to more serious ones. If a nurse indulges her indolence in the detail work, it will not be long until she finds herself yielding to the same temptation in the important, essen-

tial and routine work. When this point is reached the patients, the hospitals and the profession all would be far better off if she resigned entirely from her field of labor. This is true because the work of nursing the sick never can be done successfully nor well where Indolence is indulged.

Work, both intellectual and mechanical, is the essential part of all nursing; and often it means the most arduous labor. The work of the physician is to *deliver* orders. That of the nurse is to *fulfil* these orders. This necessitates *work* on the part of the nurse. It includes the administration of medicines, the recording of temperatures, the application of packs and compresses, the giving of nourishments, the bathing of patients, the making of beds, and the dressing of wounds, as well as encouraging her patients, stimulating their cheerfulness, inspiring their faith in recovery, teaching them the meaning of health and a constructive attitude of soul, and giving them unselfish service in her work. If this work, the detail as well as the routine, is neglected, nothing remains of nursing. What, then, is the object of employing nurses?

All the above mentioned work is necessary in behalf of patients. Any orders given by the physician are necessary, even if they are mere details. If any are neglected, as often occurs through Indolence on the part of the nurse, the health and welfare of the patient are jeopardized and he does not receive the efficient care for which he must pay, and to which he is justly and rightfully entitled. This reflects badly on the individual nurse, on the superintendent who admitted her into the profession, on the hospital as an institution, and on the

profession, as such. All this is the result of *Indolence* on the part of the nurse.

On the other hand, nurses who have yielded to the temptation of Indolence during their course of training, will find themselves ignored and avoided in the field of private nursing. No patient will recommend or recall a nurse who radiates an atmosphere of Indolence. Seldom, too, will a superintendent do this. A physician will shun a nurse who yields to the temptation of Indolence, whenever he knows that fact. He will hesitate to trust the life of a patient to her inefficient care. Therefore, an indolent nurse inevitably, sooner or later, finds herself a failure in her chosen field of work.

The compensations are always harsh and undesirable.

Such nurses as yield to the temptation of Indolence in their studies and lectures, fail to learn the theoretical part of nursing which should enable them to accomplish a higher grade of practical work. Mere mechanical work alone is unsatisfactory and undesirable. A successful nurse must have an intelligent idea of the *reasons* for her work, and the correct methods of performing her duties. This knowledge is acquired only through study and lectures. If she fails to grasp such knowledge she is capable of performing only one-half the work of a real nurse. She thereby disqualifies herself and becomes a real embarrassment in the profession. Her lack of definite, theoretical knowledge, in addition to her practical knowledge, renders her unreliable and untrustworthy. It makes of her an ordinary incompetent.

This again plays havoc with the reputation of the nurse, as well as that of the superintendent, the institution and the profession. The hospital is the place where

patients expect, and are entitled to receive, intelligent and efficient care. If it is not received in the institutions where these should be taught, where, then, can patients secure such efficiency and intelligence in their illness? When this care is not received the members of the profession, the profession itself, and the hospital suffer as a result of the disappointment of the patients.

In the private field the physician expects a high grade of work from every nurse. A nurse has had three years of training before she graduates. A physician, therefore, has a right to assume that she possesses the intelligence and the knowledge necessary to perform her various duties. Those who have been indolent in obtaining and rightly using such knowledge soon find that they are not needed in that field of work; for physicians will demand such nurses only as can and will give the efficient care demanded of them. Patients soon discover the lack of intelligent work, and they call for such nurses only as can and will perform it. Consequently, those nurses who have yielded to Indolence in their studies find it difficult to secure employment when they enter the field of private nursing.

We all know how undesirable and repulsive are those who are slovenly, unclean and untidy in personal appearance. Even healthy, normal people suffer from contact with them. How much more intense, then, must be the suffering of the sick who cannot get away from such conditions in a nurse!

In the struggle for life and health every means must be employed to keep patients cheerful, calm and unruffled. Every effort must be made to introduce only quieting, soothing influences into the sick-room. A slovenly,

untidy, unclean nurse arouses to instant resentment the æsthetic nature of sensitive patients, and causes "nerves." We frequently find that such a nurse will even send a highly sensitive and æsthetic patient into nervous paroxysms. Such a nurse, therefore, is a disturbing element in the sick-room and is undesirable in the presence of sick people.

Patients lose respect for nurses who are indolent in caring properly for their own persons and appearances. Lack of respect results in lack of confidence. Patients soon lose confidence in such nurses. On the other hand, they hold great respect for those who are tidy, neat and clean. Respect invites confidence. Confidence is a requisite in the ideal relation between patient and nurse. Therefore, all means should be employed to stimulate the confidence of the patient. Neatness, tidiness and cleanliness are among these means. This does not indicate that nurses must necessarily devote a large amount of time to their outward appearance. It does mean, however, that as much time must be spent as may be necessary to keep themselves clean and tidy, wholesome and inviting.

Indolence in the matter of personal cleanliness and tidiness is inexcusable in anyone, least of all in a nurse. These are such important considerations in the life of a successful and desirable nurse, and are so necessary in the work of nursing, that continuous attention must be given to them. Lack of such attention is inexcusable and a disgrace. Nurses who are indolent with reference to their personal appearance and their personal cleanliness are a degradation to themselves, to the hospital in which they train, and most of all, to their chosen profession.

They are unfit to be classed as helpers of the sick, or of those who need; for they stimulate destructive impulses in their patients; and such factors are not conducive to recovery, nor to good health.

As such, Indolence is undesirable, disgraceful and degrading in the hospitals. So it is in the field of private nursing. Nurses who yield to this temptation sooner or later find themselves unsought and unwelcome in the work and in the profession.

Again we find undesirable results from Indolence.

Remember, dear Friends, "Cleanliness is next to godliness."

A student and his teacher were discussing the subject of cleanliness. The student was sorely in need of advice on the subject. The teacher repeated the quotation—"Cleanliness is next to godliness"—and then added: "If you can't be godly, it is your business to *get next*." And so, be it said to the fellow nurses, let us all "get next" whether we become godly or not.

Every nurse should be made to realize her responsibility as an *educator* in the field of her work, and she then should strive to fulfil that responsibility. She should realize that a part of her duty is to assist in the cure of patients, and the other part is to teach them *how to remain cured*. She must educate the sick along such lines as will enable them to have an intelligent idea of health and of the conditions of life which underlie it. She must teach them the potential value of the mental attitude in its relation to disease. She must inculcate the doctrine of Cleanliness. She must instruct in the subject of diet, exercise, prophylaxis, and a constructive attitude of soul. She must stimulate the

patient's interests in physical, mental, moral and psychical development. She must inspire faith and confidence in the soul of the sick. And above all, she must *exemplify* all these teachings in her own life, that she may be a living example to her patients. For, example is one of the most potent agents. It is the most powerful sermon anyone can teach.

A nurse should manifest a deep, unselfish interest in each individual patient. She should study her patients as individuals, their idiosyncrasies, their tendencies, their mannerisms, their faults, their virtues and their individual needs. She should study the best method of serving them. She should bear in mind that every patient is an individual who differs from every other. She should radiate friendliness and individual interest among all her patients. In maintaining such an attitude and fulfilling her responsibilities she acts as an educator to all her patients, and through these, to their families and friends.

This educational responsibility calls for a continuous and unfaltering effort and labor. It is an essential part of a nurse's work. Its neglect, therefore, causes imperfect accomplishment of the necessary and important work. Nurses generally overlook this phase of nursing. Very often they do not appreciate it as a part of their duty; and, if they do, usually it is ignored, as such. Indolent nurses, especially, fail in this responsibility. It demands too much energy and, therefore, is ignored. Thus, one-half of their work is overlooked. They simply perform the necessary mechanical labor; and they make no attempt to educate their patients, or to exhibit any definite, unselfish effort in their behalf.

Very often patients need help along these lines, as a treatment, far more than the regular, conventional work. Seldom do they receive it.

Nurses who, through indolence, deliberately shirk this responsibility of educational work are undesirable in the field of nursing; for they accomplish nothing in the way of elevating the standard of the profession. They are a credit neither to themselves, to the hospital, nor to the superintendent who admitted them.

There is one other form of Indolence which is worthy of mention in this chapter. As a rule, after women enter the nursing profession the work becomes so strenuous physically that many of them become mentally indolent in acquiring and storing up general knowledge. They drift along and yield to this temptation because they have not the necessary amount of intelligence, courage and perseverance to impel them to exert extra energy in study. Because they do not realize, or because they overlook, the necessity for acquiring knowledge at all times, and because they are physically weary, they feel that it takes too much energy to study or read; and they drift along without exerting any mental energy in definite lines of study. They gradually but surely establish the habit of mental indolence. Such as these do an injustice not only to themselves but to their patients likewise. For every bit of knowledge gained renders them more efficient in serving and caring for the sick.

We find that Indolence among nurses results in failure to them as individuals, in discredit to the superintendent, disgrace to the hospital, disappointment to the patient, and degradation to the profession.

Its compensations are everywhere undesirable. It is

a powerfully destructive influence in the field of nursing.

In order to overcome the tendency to Indolence the individual nurse must keep her mind alert and her Consciousness awake, that she instantly may be aware of the temptation. Through an effort of her Will she then must exercise Self-Control and immediately perform the duty which she is tempted to shirk. She must keep in mind constantly her responsibility to herself, to her patients, to her superintendent and to the profession. She must realize always the Law of Unselfish Service and its compensations. She then must fulfil the demands of this Law.

By so doing, each nurse can and will control the almost universal temptation to Indolence and convert it into a strong factor in the development of her own individual character. She will also make of herself a radiating center of constructive influence in the sick-room, among her fellows, and among all with whom she comes in contact.

Does it pay?

CHAPTER VIII

Procrastination

Procrastination may be, and often is, considered a form of Indolence. While this is true, to a certain extent, yet there is a difference between the two characteristics which separates them into distinct temptations.

Procrastination is more subtle and clever in its working. It so disguises itself as to become unrecognizable as a temptation to those who are not alert and conscious of it. For that reason it seems wise to discuss this subject in a chapter separate from that of Indolence, that the reader may learn the distinction and the subtlety of it as a temptation in her work.

In the foregoing chapter we found that *Indolence* means: "Indisposition to labor, due to love of ease; habitually lazy," etc. This implies that a duty deliberately is shirked, evaded or avoided entirely, and thus usually is left undone. It is a *deliberate* and *intentional* neglect.

Procrastination means: "To put off until a future time; to postpone and defer until later." This implies that in the end the postponed duty is performed. Furthermore, it implies that the individual recognizes his responsibility and *intends* to discharge it *at some later time*. It implies that the duty is pushed along, so to speak, to be performed at a "more convenient season." This is *not* a deliberate and intentional neglect, but merely a postponement.

From this brief analysis we observe that the *motive*

and *intent* constitute the basic difference between Indolence and Procrastination.

Indolence is failure to appreciate the meaning and the importance of *Personal Responsibility*.

Procrastination is failure to appreciate the meaning and the value of *time*.

However, the physical result, conscious or unconscious, is the same, namely, *neglect*.

An individual may be a procrastinator without being indolent. He may be indolent and not procrastinate, or he may be both a procrastinator and an indolent person. In order to define the two terms and differentiate between them, the underlying motive and intent always must be considered.

We are all, at times, impelled to shirk responsibility because it seems unnecessary, or because we are "too tired." The thing which *impels* us is the *motive*. We evade the duty with the deliberate purpose in mind of doing so. This is our *intent*. When we avoid a duty with such motive and intent, it is because of *Indolence*.

Again: Frequently we know we have a duty to perform at a certain time. We intend to do it at that time. Before it is done, however, some other duty, or perhaps pleasure, presents itself, which is less difficult and more enjoyable. We say to ourselves: "This will take but a short time, and will not interfere with the other duty. Therefore, I will do it first and the other later." As a result, the duty is postponed until a future time, with full intention to perform it then. In this case the intent is good. The motive is not to shirk entirely, but merely to defer. Neglect of duty with such a motive and intent is *Procrastination*.

This temptation, if indulged, leads to the same unfortunate results as does that of Indolence, but in a slower and less marked degree, perhaps. Nevertheless, the results are undesirable and destructive.

In the nursing profession frequently we find procrastinators. So many duties demand attention simultaneously, and so many unlooked-for responsibilities often arise, that unconsciously a nurse is liable to fall a victim to the unfortunate habit of procrastination. She begins by putting off one duty, without thinking anything of it. She repeats this process. Before very long she does it unconsciously and unintentionally. She allows herself to be diverted from the path of her established responsibilities.

Some time her consciousness will awaken enough to realize that a duty has been neglected, perhaps for an hour, possibly two hours, or even half-a-day; sometimes longer. This kind of neglect, in course of time, as surely leads to humiliation and degradation to the individual, to the hospital and to the profession, as does neglect resulting from Indolence. Eventually it is destructive, for the results do not reveal the motive and intent which prompted the neglect, and judgment is passed on the *results*, and *not* on the motive and intent.

Let me illustrate: A nurse is in the midst of recording temperatures. She has a medicine to be administered every hour. A dose is due while she is taking temperatures. Half consciously she decides to complete just one temperature before undertaking to fulfil the other order. When the necessary recording is completed, she thinks: "Well, it will take only two minutes to take

another temperature; then there will be but five more. So, I'll just do this first and then give the medicine."

She proceeds to carry out this program. During the process the tempter, Procrastination, whispers in her ear: "Now, you have but five more temperatures to take and your responsibility in that line will be discharged. Why not finish and do the other task later?" She listens to the tempter, and continues on her work of recording temperatures.

When the temperatures of her patients all have been taken and recorded, the thermometer is replaced and she proceeds to give the dose of medicine. She discovers, to her surprise and horror, that it is half-an-hour overdue. This causes the regular hour of administration to be changed. And this results in a loss to the patient of two doses of medicine in 24 hours—if not more—due to her procrastination.

We know that one of the chief potencies of medicine results from the regularity of its dosage. It is evident that the patient, whose medicine has been neglected because the nurse yielded to Procrastination, does not receive full benefit of the treatment. This may, or may not, result seriously, according to the condition of the patient and the importance and potency of the medicine.

This neglect has resulted from indulgence to Procrastination; for her intent was to perform the duty, and the thing which impelled her was the desire to complete the task which pleased her more at the time.

Whatever the direct result, the indirect effect on the reputation and character of the nurse is undesirable and unfortunate. The patient, if conscious, soon realizes the neglect of the nurse, and frequently reports

the same to the superintendent, or more often to the physician. This does not add to the desirability of the nurse, nor to her efficiency. Those who learn of her failure in duty cannot ignore her unreliability. They will hesitate to entrust higher responsibilities to her. This erects a barrier between the nurse and her success; for all success carries with it an invitation to greater responsibilities.

In this case the nurse has been unfair—

1. To the patient, in that she has jeopardized his recovery.

2. To the physician, in that she has not followed his orders.

3. To the physician's reputation, in that her neglect may result in his failure.

4. To the remedy itself, in that it has not had a fair chance.

5. To the hospital, in that its reputation also may be affected harmfully.

6. To the superintendent, in that she has reflected unfavorably upon her competency as an official.

7. To the profession, in that she has given justification for criticism against all the members thereof.

Another illustration: The linen covering a patient's bed is soiled and needs to be changed. This is unpleasant work. The nurse has many other more pleasant duties to perform. She therefore decides to postpone this one until a little later. She goes about her work busily engaged with other responsibilities. She does not intend to shirk the first duty, but simply to put it off until a future time. The result is due to *Procrastina-*

tion instead of to *Indolence*. However, the result is the same, and as surely unfortunate.

The nurse continues to perform other duties until the hour set for visiting physicians to make their calls. She then becomes engaged in assisting them and is unable to perform the neglected duty. The physician comes to attend the patient in the soiled bed, or to make an examination. Immediately he observes the soiled linen. He realizes that here is a case of shirking, or neglect. He forms a low opinion of the neglectful nurse. In his own mind he accuses her of *Indolence*. He is unable to judge the motive and intent back of the neglect, and, like most individuals, makes no effort to understand the cause. He sees only the results. He passes judgment accordingly. Perhaps the matter is reported to the authorities. Possibly only his lowered opinion is the result. In any event, however, the final effect is undesirable and unfortunate. The nurse has lowered herself in the opinion of the physician.

Possibly the patient also may have noticed the neglect. If so, this stimulates disrespect in his mental attitude, and gives ground for a lower estimate of the individual, the hospital and the profession. This, in turn, sets in motion destructive mental tendencies and, to that extent, erects a barrier against his own recovery.

These are the results of an unintentional neglect through *Procrastination*. The nurse had no intention of evading her responsibility through *Indolence*, yet the failure to discharge her duty resulted in the same unfortunate conditions. Thus, we see that the final results of *Procrastination* are identical with those of *Indolence*, so far as they go. Inevitably such *Procrasti-*

nation causes discredit, disgrace and humiliation to the individual nurse, to the superintendent, to the hospital and, in the end, to the profession. And nothing is gained by those who yield to this temptation; but, on the contrary, much is lost.

The individual nurse who has a tendency to Procrastinate must learn the *value of time*. She must learn that every duty has its own time and must be performed at *that particular time*, if she conscientiously discharges her responsibility. She must force herself to keep *alert*, that she may realize any tendency to procrastinate when it presents itself; for the realization of a fault is half the battle of overcoming it. She then must perform her duty *on time*, and must shut out more pleasant diversions which might lead her astray. This calls for the exercise of *Will* and the power of *Self-Control*. In this way, and in this alone, will she overcome the temptation of Procrastination.

A question may arise in the mind of the reader as to the method to be pursued in the event several duties present themselves simultaneously. In such case, the first thing is to consider the relative importance of each duty, and determine which will accomplish the best results if done at that particular time. Then it must be determined which is next in importance, and so on, until a definite sequence has been reached. This is a part of every nurse's responsibilities. After a definite sequence has been determined upon, then the individual should set to work and accomplish her tasks in that order. This should be done as rapidly and as conscientiously as possible, without allowing more pleasant or less important duties to interfere.

It is true that one of the greatest problems of life is to determine the relative values of things in such manner as to direct our energies and efforts along lines which will accomplish the largest measure of good.

The conscientious nurse who is a prey to the habit of Procrastination, and desires to overcome it, will find the following affirmatives of great help to her, if repeated each morning before beginning her work, and during the day, with the full determination to observe them in all her activities during the day:

“I will maintain an alert Consciousness and an attentive mind, that I unconsciously may not commit a sin of Procrastination.

“I will decide the most important duty to be performed and discharge that responsibility unwaveringly, without allowing myself to be diverted by less important duties or by pleasure.

“I will exert strong Will-Power and Self-Control to overcome temptations of Procrastination, and thus will avoid the inevitable destructive effects resulting therefrom.

“In this manner I will perform cheerfully my obligations to myself, to my fellows, to my superiors and to my work.”

If she then will practise this every day to the best of her ability, and not permit failures to discourage her, it will not be long until the evil habit will be conquered and the constructive habit of *Punctuality* will take its place.

First *Know*; then *Do*.

This is the path we all must follow if we would overcome the temptation of Procrastination and its unfortunate results.

Let “*Punctuality*” become your watchword!

CHAPTER IX

Emotionalism

Every emotion of human nature is a legitimate and necessary activity of the individual soul. It helps to make up individuality. It is right and proper. It is part of the individual's inheritance from Nature.

It is true, however, that every legitimate emotion may become destructive if allowed to go uncontrolled. Every individual must hold his emotions so under his own dominance that they never are allowed to cross the legitimate line of constructive power. In other words, they must be kept within constructive bounds. They must be tempered; and this must be done through the power of Self-Control.

The emotions of the soul include those of fear, anger, sympathy, joy, sorrow and all excitations of the mind. They are legitimate—when *controlled*. When cultivated and uncontrolled they become destructive agents in the soul of the individual.

Emotionalism is the yielding of the individual to his emotions in such manner as to cultivate them. It is a form of Self-Indulgence. It betrays immaturity in the individual. It implies lack of Self-Control. It is destructive physically, spiritually and psychically, and must be overcome by those who desire rightly to build their "Temple of Human Character."

Emotionalism most frequently is found in women.

We find that, in nine cases out of every ten, women are unduly swayed by their emotions. Final decisions usually are arrived at through the influence of the emotions, rather than through the processes of Reason and Conscience. Problems are worked out through the emotions, and not by intelligent study. It is because of this exaggerated phase of their natures that women so universally are spoken of as "the weaker sex."

It is true that many of our sex are learning the meaning and the power of Reason and are endeavoring to use that power. But it also is true that the majority of us still are influenced and swayed too largely by our emotions. This is destructive in every sense. Therefore, let each of us strive to be temperate in our emotional nature and keep it within constructive limits.

Among nurses we find Emotionalism a frequent temptation. The general work among all types of people is a constant stimulant to this side of a woman's nature; and unless we keep ourselves awake and alert we are inclined to yield to our impulses, and to allow them full and uncontrolled sway. In this manner we cultivate them. It calls for strong Will-Power and Self-Control to be temperate in our emotions, and often we are not inclined so to exert our powers. However, if each individual but realized the amount of energy wasted each time an emotion is indulged, surely more attention would be directed to the control of the emotional nature.

A sudden and uncontrolled impulse of anger, of weeping, of sympathy, of affection, or of any other of the emotions, consumes a surprising and unbelievable amount of energy and vitality, as well as of time. Nothing is gained by yielding to the impulse. In the work of

nursing all the energy, vitality and time of the nurse should be devoted to the patients and to self-education. Therefore, instead of needlessly wasting these necessary energies by yielding to emotionalism we should learn to transmute them into constructive lines.

By so transmuting the time, energy and vitality into a constructive use, we overcome the temptation; and, at the same time, strengthen our powers of resistance to overcome future temptations.

In the nursing profession events of every description arise to excite the various phases of the emotional nature. An incident occurs which touches the sympathetic nature of the nurse. She has the natural impulse to give sympathy, and without intelligent control, freely yields to the emotion. In a sudden outburst, she pours her sympathy upon the patient, relieves herself by a torrent of weeping, uses up an enormous amount of her vitality, and does her patient no good. She allows the emotion to become destructive, and thus weakens her power of resistance.

The impulse of sympathy is legitimate and proper; but, it should be controlled within constructive limits, and the over-expended energy and time devoted to the help of the patient. Frequently we find a flood of sympathy destructive to the welfare of the patient—especially to those who are disposed to Self-Pity.

Some other incident will arise to stimulate the impulse of anger. Another will awaken the emotion of fear; and so on, throughout the entire category of the emotions. In a single day, perhaps, almost every emotion of the human soul may be excited at some time. Consider the amount of wasted vitality if each emotion were

allowed to go uncontrolled! It would be enormous. Then think of the amount of good which *might* be accomplished if this time and energy were devoted only to constructive work!

Each nurse must learn to control the emotional side of her nature, and thus add to her efficiency in the profession.

An illustration of uncontrolled emotionalism may give the reader an idea of the destructive results thereof:

A nurse is assisting in the operating-room. Suddenly, in the midst of the operation, the patient becomes cyanotic and ceases to breathe. The condition is reported, and immediately all attention is turned to the restoration of the patient. The nurse becomes panic-stricken and paralyzed with fear. She is unable to use her intelligence and reason in assisting the anæsthetizer in his work of resuscitation. She does not think. She comprehends only a part of the orders given her, and goes about in an aimless, stupefied manner, performing mechanical work unintelligently. She allows herself to become paralyzed by fear, and loses control of her reasoning faculties. In other words, she becomes unreliable and a hindrance in the work.

The physician becomes aggravated at her aimlessness, thoughtlessness, and inane wanderings. The energy expended in his aggravation is wasted, instead of being used for the welfare of his patient, as it should be. He loses confidence in the ability of the nurse, and has less respect for her because of her lack of Self-Control. He thinks of her with contempt, and classes her among the "weak and unreliable sex."

Through yielding to the emotion of fear the nurse

exerted much energy in her wild and aimless wanderings about the operating-room. She realized no useful, helpful results therefrom. If she had maintained her presence of mind and intelligently had fulfilled the orders of the physician, she would have been an enormous help to him in his efforts, would have commanded his respect, and would have discharged her responsibility to the helpless patient. But in her riotous emotionalism this opportunity was lost. She proved a failure. She weakened her power of resistance and, above all things, created a wrong atmosphere about the patient. For, even though the physical organism was insensible, the spiritual consciousness of the patient was awake and alert to all that transpired in the operating-room.

The consciousness of an individual always is awake on either the physical, the spiritual or the psychical plane of being. When the physical senses are inactive, the consciousness receives impressions through the spiritual channels of sense and registers these upon the soul just as when received through the physical senses. We must bear in mind that, because of this fact, it is as important and as necessary to maintain a right atmosphere about a physically *unconscious* person as it is necessary and important in the presence of a physically conscious individual. For the consciousness receives impressions of its surroundings through the spiritual senses in cases of physical unconsciousness. In this way as much harm, if not more, might result to the patient as if he had been physically awake and conscious of the surrounding turmoil.

An incident comes to mind which illustrates this point:

A highly sensitive woman once suddenly lapsed into

unconsciousness in the presence of several members of her family. The latter, unaccustomed to such an occurrence, immediately became terrorized and panic-stricken. A physician was called, but for some reason was tardy in his arrival. In the meantime, the members of the household skurried about the room in a state of rampant desperation and fright, creating a perfect turmoil about the patient, and transmuting the atmosphere into a maelstrom of excitement and confusion. Later the physician arrived, cared for the patient, ordered the family from the room, quieted the turmoil and established a peaceful, quiet, constructive atmosphere within the chamber.

After her recovery the patient told of every occurrence during her lapse of physical consciousness. She repeated every incident, spoke of the confused atmosphere, and rehearsed the changed condition, following the arrival of the physician. Everything was evidently perfectly clear in her consciousness. All was stated as definitely and with as much detail as if she had been a silent witness of the occasion. She portrayed a concise picture of the occurrence.

This is proof that while the physical body is in a state of insensibility the consciousness still is awake and alert to receive impressions upon a higher plane. The individual is not always able to recall incidents which occur during physical unconsciousness; nevertheless, the consciousness has received and registered these impressions upon the soul, and these have had their effect.

In this case, the emotionalism of the nurse resulted

1. In weakening her own powers of resistance.
2. In depleting her own nervous energies.

3. In disturbing the equilibrium of the physician and thereby causing him to do an injustice to his patient.

4. In creating a wrong atmosphere about the unconscious patient, which was equally as destructive as if the patient had been conscious.

These results are unsatisfactory, and add nothing to a nurse's efficiency in the work.

The writer, during her life as a private nurse, lived with a fellow nurse of the extremely emotional type. She thus had an excellent opportunity for studying this type of woman.

The individual was intellectual and capable and a splendid nurse in every way, barring this one fault. She was called to a hospital to attend a case of peritonitis following an appendectomy. The patient suffered intensely for three days, during which time the nurse attended faithfully to her duty and became deeply attached to her patient.

On the evening of the third day a sudden unforeseen change occurred in the condition of the patient. She became precariously and dangerously ill. Every expedient was employed to save her life, but all treatments resulted unfavorably. The family was notified and came immediately to the hospital. The scene was pitiful and heart-rending. The sympathies of the nurse were aroused to the utmost. She fought against the emotion for some time, but finally yielded to the impulse to weep. This resulted in a complete break-down; she was unable to remain in the sick-room. She excused herself, had another nurse relieve her, and retired for a time. This act on her part aroused the deeper emotions

of those present. It incapacitated the nurse for the time being.

In a crisis everyone about a sick-room turns to the nurse for strength, help and comfort. In this case the nurse should have been strong and self-controlled, in order to render perfect service. Instead, however, she was a disappointment to those who sought help through her strength. Moreover, she created a wrong atmosphere about the dying patient.

But this was not all! The patient passed to the Great Beyond, and the nurse returned home. For a week following this sad case she was on the verge of a nervous break-down. She had expended so much energy through her emotionalism that two entire weeks had to be spent in relaxation and rest to restore her normal vitality. Whereas, had she controlled that impulse most of her energy would have been reserved to be expended in some more profitable way. That spell of emotionalism made it necessary for her to devote two long weeks of her life in replenishing her normal supply of vitality which had been unprofitably spent.

However, one good result followed the experience. It taught her a lesson in the conservation of energy; and it was, indeed, a vital lesson.

These results demonstrate the destructiveness of yielding to our impulses and emotions.

Emotionalism is a temptation which must be overcome.

The only remedy is Self-Control!

CHAPTER X

Gossip

It is a fact with which most of us are familiar that few women are interested in the study of the English language. For this reason frequently we find words used synonymously which, in reality, differ widely in their true meanings. *Gossip* and *News* are words which, time and again, are confused. Yet, in generic meaning, there is a definite distinction between them which must be considered if the subject of this chapter is to be understood. For this reason it is hoped that a brief analysis will not be considered an imposition.

News means information concerning persons or things disseminated for *constructive* purposes. That is, any information as to persons or things which is circulated for the purpose of good to somebody, or of conveying information which may be of value to the recipient. In other words, disseminated information becomes *news* when the motive which inspires it is constructive and beneficent.

Gossip is real or assumed information concerning persons or things, disseminated either for *destructive* purposes, or *regardless of consequences*.

News is constructive. *Gossip* is destructive. This is the generic distinction to be observed in the meanings of these two words.

An example may help to make clearer this difference:

A woman is in possession of a piece of information concerning a neighbor. She knows, or believes, that if this information were imparted to a certain relative of this neighbor, great good might be accomplished thereby. She repeats this information to the relative in question with this constructive motive in mind. Thereby she gives out a bit of *news*.

On the other hand, if she knows, or believes, that the dissemination of the information will result in harm to her neighbor, to the recipient, or to any other individual, and in the face of this fact deliberately passes it on, then she lowers herself to the level of the common *gossip*. The motive is destructive; therefore, the information becomes simple *gossip*.

This would be equally true if the information were given out regardless of consequences—even though the conscious motive may not have been destructive.

Gossip is the real or assumed information concerning persons, disseminated for destructive purposes, or regardless of consequences. It is important that this specific definition of the term be understood at this point, for it is the sense in which the term will be used hereinafter.

Gossip is a temptation common to all womankind in every rank and station in life. It is a habit cultivated, as are all habits, by continued indulgence in the one line. Often it is acquired unconsciously because of the individual's failure to discriminate between news and gossip. In other cases it is indulged deliberately because of temporary gratification resulting therefrom. In either case it is something unworthy of any woman who respects herself and desires the respect and con-

fidence of her fellows; for it betrays untrustworthiness and disloyalty, and therefore, is destructive.

Trustworthiness and loyalty are two important requisites of character in the ideal and successful nurse. Without these qualities she never can inspire confidence and faith in her patients. If she fails in this she loses a great opportunity for service and for rendering help to those under her care. An individual can render true service to another only insofar as he gains the confidence of that other. This is true in the field of nursing. The greatest and most permanent service can be rendered only after the nurse has won the confidence of her patient and thereby learns his or her individual needs.

Gossip is an enemy to confidence. Any nurse who indulges this unworthy habit never needs expect to win and hold the true and deep confidence of her patients and fellow nurses. For, sooner or later, her failure will be discovered and her associates will know her to be unreliable and unworthy of trust. Because of this, every nurse who truly desires to accomplish noble, unselfish work should be inspired to enter the school of self-discipline and study to eliminate the habit of gossip from her character.

In the world of our profession we find that nurses gossip among themselves concerning the personal affairs of patients, of physicians, of superintendents, and also of their fellow workers. It is not uncommon to find them gossiping along these same lines with people entirely outside the profession. In a majority of cases such information is disseminated and discussed regardless of consequences, but without a deliberately destructive motive. Nevertheless, these nurses indulge in gossip

which is a disgrace to them and is destructive in every sense.

It is not infrequent, in hospital life, that a nurse unconsciously causes trouble because she repeats a confidence given her by a patient. She conveys the information to some friend "in sworn confidence." This friend repeats it to another friend "in confidence;" and so on the information travels, from friend to friend, until the original "confidence" comes back to its author clothed in different garments, as it were. She hardly recognizes the story as the one she told. But this gossip, in some manner, finds its way back to the patient, and the entire blame is placed upon the nurse. The patient becomes resentful and causes trouble for the nurse who so unconsciously brought about the difficulty. Such gossip usually results in disgrace to its author and sometimes leads to her dismissal from the hospital. This is the result of thoughtless gossip, regardless of consequence.

It is a fact which no one truthfully can deny, that many members of our profession appear to be natural gossips. This is a fact deeply to be regretted. Experience alone should teach us never to indulge in gossip even with those we believe to be our friends; because the temptations to gossip are very strong, even among those who believe themselves trustworthy.

If a patient pays you the compliment of confiding to you some personal information, bear in mind that this has been done because that person has *faith* in you and *trusts* you. Guard that confidence as a sacred trust and repeat it to no one, *unless* you conscientiously and honestly believe some real good may be accomplished by the telling—but never in violation of a confidence.

Each nurse who is honored with the confidence of a patient should appreciate that confidence as a beautiful compliment, and should guard it with her honor and loyalty.

For instance: If a patient confides to a nurse information which pertains to her physical or mental condition, and the nurse believes that this knowledge would be of value to the physician in charge of the case, she should use every endeavor to induce the patient to confide in the physician. But if she fails in this then it becomes her responsibility to convey the information to the physician in the most direct manner possible. If she is in training she must do this through her head nurse or her superintendent. If she herself is in charge of the case, then she must tell the physician directly. Under no circumstances, however, should the information be given to any other individual; for in such case a confidence is broken and the information becomes gossip.

Some nurses, like some women, are human sieves. Every piece of information which they possess immediately rattles through them to some friend, regardless of consequences. Ere long, however, such nurses find that their patients avoid all personal confidences and topics with them, and they see themselves lose the favor and respect of their own more conscientious associates.

There is a streak of vanity in mankind which causes both men and women to derive much apparent gratification from betraying to their friends and acquaintances confidences which have been reposed in them by those who trust them. This, however, is so unworthy of a noble woman who is interested in giving real service to

humanity that it should be overcome by all who follow the nursing profession. This vanity must not be allowed to lead into the path of gossip, for misfortune will follow as surely as the night follows the day.

The results of gossip are many and unfortunate. Sooner or later, they bring about the patient's loss of confidence in, and respect for, her nurse, as well as destroy the faith of others in her. Gossip betrays disloyalty. It causes injury to others. It inspires resentment and other phases of anger in those whom it betrays. It is destructive to them as well as to the one who inspires these destructive impulses. It invites criticism and retaliation. It results in waste of time which otherwise might be used constructively. And finally, it becomes a quality of character which discourages confidence. This is undesirable because the ability to establish confidence in the mind of her patient is one of the essentials to the success of every nurse.

With these results in mind, it is easy to see that Gossip is not worth while. In other words, *it does not pay!*

It is hoped that every nurse who follows the subject to this point will come to appreciate the depth and meaning of a confidence, as well as the responsibilities which accompany it. For every confidence carries with it the definite responsibility to hold it as such, and never to divulge it unless some definite and specific good is to be accomplished thereby.

Let us bear in mind that every confidence held as a sacred trust will inspire greater confidence and deeper respect among all with whom we come in contact; and that this will open to us a greater field for unselfish service. We owe it to ourselves, as well as to others, to discourage

gossip among our fellow nurses by ourselves adhering strictly to a determination not to indulge in this degrading and destructive temptation, nor yield to its influence. And let us remember always that this calls for the highest kind of loyalty to our school, to our fellow men, and to ourselves; for, no individual ever can be a gossip and at the same time exemplify loyalty.

CHAPTER XI

Dishonesty

Dishonesty, in any and all its phases, is a conscious and intentional evasion or violation of the truth. The truth of a thing first must be determined upon, so far as may be possible, by the individual himself. He must measure it by his own standard. Indeed, this is the only standard by which he can measure it. It then rests with him to exemplify, or violate his own standard of it. If he knows and understands the meaning of a truth, and then evades or violates it with deliberate motive and intent, he is *dishonest*. It is the motive and intent of an act which determine its constructiveness or destructiveness to the individual, its honesty or dishonesty.

Nature holds us personally responsible and morally accountable for our acts and conduct, at any given time, *only insofar* as we have *knowledge*. That is, we are personally responsible and morally accountable only for those acts which we *knowingly, intentionally* and *voluntarily* commit.

For instance: An individual makes a statement. His present knowledge of the subject justifies him in making it. He desires to tell the truth, and he does so to the best of his knowledge at that time. Now, while his statement may be untrue, yet this man is not held morally accountable by Nature for this untruth, because he is acting

in good faith according to his knowledge at the time. He does not knowingly and intentionally tell a falsehood. Therefore, he is not *dishonest*.

A day later, however, he learns the truth of the matter and acquires further knowledge concerning it. He realizes that he has made a false statement. He also realizes that if the truth were told it would injure him. Hence, under the influence of a selfish motive and interest, he knowingly and intentionally repeats the false statement, to save himself from injury. He knows better; but, consciously and intentionally, and of his own free will and accord, he tells the falsehood. In this case he is *dishonest*, because he had the necessary knowledge, and to that degree he is held responsible.

Thus, an act is dishonest only insofar as it is committed knowingly, intentionally and voluntarily in violation of the truth.

We all know that *dishonesty* is a temptation to every individual in some phase and at some time in his life. We also know that it is destructive, degrading and contemptible; and that the more subtle and deliberate the act of dishonesty the more contemptible it becomes. Because of its destructive influence it is necessary and important that dishonesty be eliminated from the nursing profession which we all desire to see represent the noblest and best.

The subject of dishonesty is understood fairly well by all of us. At least, we can determine, if we will, our own honesty or dishonesty by conscientiously studying our own motives and intentions. We can realize that we must have our own standard of truth in all things, and at all times exemplify the truth to the

best of our knowledge and ability. We also can bear in mind the fact that any conscious and intentional evasion or violation of our own standard of truth is *dishonesty*. It then rests with each of us to apply these principles in his own personal life.

It is the purpose, at this time, to consider the temptation of dishonesty in the lives and experiences of nurses only in a general way. With the foregoing analysis in mind it is believed the subject will be clear to the average reader without further details.

Dishonesty manifests itself in two ways, namely, in *words* and in *actions*. Let us consider first its manifestation in words.

An individual may be dishonest by telling a deliberate and undisguised falsehood, or he may betray dishonesty by craftily and subtly evading the truth. Both these methods are destructive and degrading, as well as contemptible. In the nursing profession a nurse may show dishonesty by speaking a deliberate falsehood concerning her work, her patients, her associates, or any other subject; or, she may do the same thing by evading the truth and giving out wrong impressions.

There are many causes for the falsehoods of nurses in regard to their work, some of which are Vanity, Selfishness, Indolence, Procrastination, Forgetfulness, or Neglect of duty. There are many things concerning which they "stretch the truth." Some of these may be temperatures, medicines, treatments and their results, conditions of patients, and their work in general.

For example: A nurse reports unqualifiedly to a physician that she has given a previously prescribed treatment when, in reality, she has failed, through Indolence, to

do so. She has the motive and intent in her soul deliberately to deceive the doctor in order that she may escape reprimand or punishment. She knowingly and intentionally and voluntarily violates the truth. She is *dishonest!*

Upon being questioned she intentionally may evade the truth in such manner as to give the impression that the treatment or medicine was given. Nevertheless, she is conscious, deep down within her soul, that through forgetfulness she failed to discharge her responsibility. She realizes that she is deserving of a just reprimand because of her neglect. In order to avoid the punishment, however, she intentionally evades the truth. She is *dishonest!*

It is not uncommon to find nurses who yield to the temptation of dishonesty by recording falsehoods upon the records of their patients. Either through Indolence, Procrastination or Forgetfulness, certain important duties and obligations are neglected or avoided. The fear of reproof, or of possible punishment, leads them to record these duties as fully performed. They yield to the temptation, record the treatment or the giving of the medicine, as the case may be, and thereby betray both dishonesty and weakness of character.

The falsehood may or may not be discovered. In either case, the results upon the nurse, as an individual, are the same. Her soul suffers the same degradation. For, let it be remembered always that every conscious and intentional evasion or violation of the truth for unworthy purposes, whether by word or act, leaves its scar upon the soul, and that this scar some time must be

eradicated before the individual can reach his evolutionary goal.

Dishonesty is manifested in actions by taking possession of things belonging to others with the intention of confiscating them. This is a common form of dishonesty to which no self-respecting nurse ever should lower herself. By yielding to this degrading temptation she loses the confidence of her patients, her associates and all with whom she comes in contact. She becomes an object of contempt and disdain, and places a great barrier in her pathway to success.

Many people, including some nurses, have studied and acquired to its perfection the art of *acting*. That is, they have learned to act in such manner, as to give outward impressions which are the direct antithesis of their internal thoughts and state of being. They pretend to be that which, in reality, they are not. They endeavor to lead away from the truth by their actions. By their outward manner they induce people to believe an untruth. In fact, they *act* a lie, rather than *tell* one, and consider themselves clever in thus evading or avoiding the truth without verbally falsifying.

If such individuals would stop for a moment to study their motives and intentions they would recognize a pure and unadulterated dishonesty which they manifest and exemplify, for which they certainly need take unto themselves no credit.

Nurses, on their way to Service, Success and Happiness, should hold themselves far above this form of deception and dishonesty. It has no place in the field of altruistic nursing.

There can be little doubt that there comes a time in

the lives of nurses and physicians when what we term "white lies" are not only permissible but justifiable. When it is realized by these helpers that the disclosure of a truth may be injurious to a patient by causing relapse or retarding his progress, a nurse may sincerely believe that it is her personal responsibility to withhold the truth. In such case it may be necessary to evade, avoid or violate the truth; but where the welfare of the sick is concerned the higher ethics hold this to be justifiable. At these times the physicians and nurses must be guided by their Conscience, Reason and highest sense of Personal Responsibility. They must not allow themselves, however, to take liberties which are not necessary or justifiable.

The failure to fulfil one's personal responsibility by committing sins of dishonesty always brings poor results to the individual. It lowers and tends to destroy self-respect. It weakens and lowers ideals of honesty, truth and personal responsibility. One yielding to the temptation renders an individual more liable to future temptation and has a tendency to break down his powers of resistance.

Such results are undesirable in the life of any individual.

In addition to these, the habit of dishonesty results in the loss of the respect, confidence and trust of our associates. In the profession, in many cases, it proves to be an injustice to patients, physicians, associates and, perhaps, treatments. It always brings discredit to the hospital and its authorities, as well as to the profession; for their reputations are built upon the moral standard and high-class work of their members.

These results show plainly that *Dishonesty does not*

pay, especially in this noble profession of which we are honored members.

There is a remedy for dishonesty. Again let it be said: "First Know, then Do." For, in overcoming this destructive tendency we first must establish and know our individual standard of truth, and then, through all obstacles, hardships and disappointments, we must live up to and exemplify this standard in our daily life.

In this remedy we find our same necessary principles involved; namely, the *Wakeful Consciousness*, *Independent Will*, *Self-Control*, and *Personal Responsibility*. We must keep the Consciousness alert to recognize the temptation and to know our standard. We must exert our Will and Self-Control to overcome the tendency to dishonesty. And we must recognize and discharge our Personal Responsibility by exemplifying our standard of Truth.

These four principles will help and enable anyone of us to overcome the temptation of dishonesty, if we only will to do so. And great will be the compensations to those who strive long and earnestly to exemplify Truth in all their dealings with themselves and their fellow men!

CHAPTER XII

Adverse Criticism

Adverse Criticism is the process of finding fault with and cruelly picking to pieces the lives and characters of our fellowmen. To those who do not consider the results it is an alluring, enticing and seductive temptation which always gives promise of at least temporary satisfaction and gratification to the critic; but which usually ends in disappointment and regrets, because of its inevitable results to the one who indulges it.

It is a characteristic and habit of many women—more than of men—and is one of the most disintegrating factors, psychologically, known in human life. It is an enemy to harmony and coöperation; for, when Criticism “comes in at the door” harmony and coöperation “fly out at the window.” No permanent good can be accomplished by any group of individuals, as such, when the spirit of Criticism is in their midst; for it destroys the constructive, combined efforts of all the workers.

Criticism is also one of the strongest destructive factors to soul growth. It is associated with the Destructive Principle in Nature; for it involves disloyalty and the practice of judging our fellows, which no individual has a moral right to do. Inasmuch as every individual is charged by Nature with the obligation to live his or her life according to his or her own standard of Equity, Justice and Right; it stands to reason that

no one individual can understand, appreciate, nor govern the standards of another individual. Therefore, no one of us has the moral right to judge any other one of us.

In addition, this habit of Criticism involves a character of Intolerance which always is a barrier to progress, whether physical, spiritual or psychical. In a preceding chapter the subject of Intolerance and its results has been considered and found to be destructive to the individual.

The critical analysis and review of the lives and characters of our fellowmen betray Intellectual Vanity and Selfishness, both of which are enemies to soul unfoldment. It is an old adage that "The critical attitude of mind arises naturally from the consciousness of one's own unworthiness." This is true! We see in others the reflection of those faults and defects which predominate in our own character. Therefore, every time we indulge in criticism we betray our own faults, defects, smallness and narrowness of character.

"We are most deeply offended by those things wherein we most deeply offend." But when we yield to the enticing temptation, consciously or unconsciously we assume an attitude of self-righteousness, and we do our criticising from an elevated angle. This is one of the allurements of this temptation. We are gratified in assuming the self-righteous attitude, and we feel ourselves above the other individual. Nevertheless, in the end we are disappointed, because inevitably we must return to the consciousness of our own deficiencies and unworthiness.

Criticism always results in far greater harm to the

critic than to the criticized. It awakens, stimulates and develops discord, inharmony, resentment, irritation and other phases of anger, and disturbs the peaceful content of the critic's soul. What greater harm can an individual bring down upon himself? None! The influence of discord, inharmony and anger, mars and destroys the beauty of the soul as much, if not more, than any other agent.

We know that physical disturbances and annoyances frequently cause physical weakness, disease and sickness. It is just as true that spiritual and psychical disturbances and annoyances cause spiritual and psychical disease and sickness. The individual who allows the beautiful, constructive peace, content and repose of the soul to be disturbed by Criticism becomes psychically weak, unwholesome and diseased. Can more harm come to a living, human soul?

We might liken the spirit of Criticism to that species of worm which gradually bores its way into the hearts of plants, destroys the vital, integrating centers, and in this manner kills them. The essential lives of these plants are eaten out and destroyed by the worm.

Criticism accomplishes precisely this thing in the human soul.

We begin by criticizing the dominant traits of another's character. The footing is gained, and the process of boring into the soul is begun. Gradually, and perhaps unconsciously, the Criticism continues and leads on to the personal interests and affairs of the victim. The boring progresses. Then we begin to find fault with everything the individual says or does. We exaggerate and place a wrong construction on all his words and ac-

tions, until our own souls become filled with resentment and discord. The worm has bored its way into the soul. Then begins the eating process.

We begin to dwell on the faults of the individual, enlarging and exaggerating them, until we no longer can see any good in his character. The more we think of, and dwell on, his faults and defects, the more we become resentful and irritated. This attitude continues until we find ourselves unable to control the outward manner and manifestations of our worm-eaten souls. We become disagreeable, unkind, crabbed and sour of disposition toward other individuals, lose their confidence and friendship, and thereby forfeit all possible opportunity for true service. At this point the soul's vital, integrated center is eaten out by the worm of Criticism. If this attitude continues we become critical of all mankind, and our souls become victims of the Destructive Principle of Nature in Individual Life. The great finale would seem to be disintegration and self-destruction. That is logic.

The critic generally makes mountains out of mole-hills, instead of forming mole-hills out of mountains by manifesting charity, good will, sympathy and generosity of soul.

Criticism generally results in far greater damage to the critic than to the criticized. It weakens the critic's character, mars the beauty and wholesomeness of his soul, and leads him along the devolutionary path of life. It causes him to lose the confidence, respect and good will of his fellows and shuts him out from the sunshine of their companionship, association and friendship; for inevitably the critic becomes branded as a bore and is shut out from wholesome, constructive society.

Is Criticism worth while?

The honest reader will decide this question for herself.

Not infrequently we meet nurses who criticize the lives and characters of physicians, of their superintendents, of their associates, and even of their patients. The worm of criticism is in their souls, and is eating out the vital center of their moral being. They gain no satisfaction save such as they derive through criticism and fault-finding. If they find nothing on which to base their criticism they manufacture it. No orders are given, no rules established, no duties assigned, no words spoken nor acts performed without arousing the critical and fault-finding spirit of this class of nurses. It seems to be an inherent part of their natures to criticize incessantly; and few of these have learned the lesson that SELF-Criticism, instead of criticism of others, is the only wholesome criticism.

Such nurses usually are shunned and avoided by their worthy associates. The superintendents, physicians and and patients lose confidence in and respect for them; later on they inevitably find themselves unsuccessful in their field of labor.

Friends, does such Criticism pay?

If each and every one of us could remember that we are sent here by the Great Over-Ruling Intelligence to develop our own individual characters and unfold our latent powers of soul; if we could but remember that every time we indulge in criticism of others we waste both time and energy which otherwise might be used for such development and unfoldment; if we could bear in mind that each time we criticize our fellows we fail in personal responsibility and will be held strictly account-

able under the great Law of Compensation for such failure; surely few of us would indulge this time-wasting and energy-destroying habit. Certainly few of us would be willing to invoke upon ourselves the inevitable penalties for such failure.

If the reader has decided for herself that Criticism does not pay; and if, after examining her own soul for the critical attitude, she finds that she has something in this line to overcome; she will find in the following a most effective method of treating the destructive habit of Criticism:

Bear in mind the above facts. Keep your Consciousness alert on the subject. Maintain an attitude of forbearance, charity and tolerance toward all mankind. If you find you must criticize, then turn the eyes of your fault-finding back upon *yourself* instead of upon others. When you become conscious that you are holding a critical attitude toward others, exert your *Will* and save yourself from suffering and destruction by turning your attention to the good points of your victim's character. By this method you will kill the worm before it gains a footing and will turn your mind to constructive instead of destructive things. You thereby will take one great step forward in the path of evolutionary unfoldment and progress.

You will find that it is well worth the effort.

In other words, IT PAYS!!!

CHAPTER XIII

Tactlessness

There is, perhaps, no temptation in human life so unconsciously and innocently yielded to by women as that of Tactlessness. It is so generally misunderstood and so little attention is given the subject that in the regular rounds of life we meet few people whom we might consider exemplars of true Tact. The subject, as a rule, is considered unworthy of the time and energy necessary to cultivate the art. This idea, however, is due to the fact that its value is underestimated; for, once the art is acquired any honest person will admit that it is well worth the time and energy expended in the process. It is like anything else. We get as much out of it as we put into it, if not more.

Surely, after the reader has studied and mentally weighed the following analysis of the subject she will agree that it is a most profitable and desirable acquirement.

Tact is the acceptable and constructive exemplification of the soul's intuitive recognition of Right in social relations. That is to say, it is the art of exemplifying one's own standard of Equity, Justice and Right in such manner as *not to hurt or offend his fellowmen.*

It is "acute mental discernment of the best course of action under given conditions, particularly in dealing with others, to avoid offense."

Tactlessness is the inability, or disinclination, to deal with other people without injuring or offending them. In other words, it is the inability, or disinclination, to exemplify one's own standard of life and living in such manner as not to offend or hurt other people.

Very frequently we hear the statement made, that Tactfulness is a characteristic of women, far more than of men. In one sense this may be true, but it is mostly in their relations and dealings with men. Women have recognized in the past, and do at the present recognize themselves as the *physical* inferiors of men; and, because of this, they resort to tact and cleverness for winning their points in disputes and contentions. They realize the subtle, strong influence they are able to exert over men by the use of these weapons and, therefore, make practical and continued use of them. For this reason they have acquired the reputation of being "Tactful."

However, this is not the phase of tact which we are to consider in this work. The art herein referred to is the exemplification of right, in social relations, for constructive purposes. This applies to our relations with and among women, as well as men, either for benefiting others or ourselves. We shall deal in this chapter with conscious, intelligent and constructive TACT.

The innocent and unconscious indulgence of Tactlessness betrays an undeveloped and immature character. The conscious and intelligent surrender to this temptation discloses Intellectual Vanity and Selfishness. The constructive exemplification of the art of Tactfulness manifests a refined, developed and unselfish soul.

It is a general rule that the majority of mankind are

Tactless in their dealings with other individuals, except for selfish purposes. They express opinions, decide problems and disclose their personal standards of right in such an obtuse, abrupt and outspoken manner as to offend and hurt others without ever considering them. They have in mind their own ideas of Equity and Justice, and disregard the ideas and feelings of others. They fail in that skilful, discerning power which leads them to express themselves in such manner as will be acceptable and helpful to others, rather than offensive and hurtful. They lack the keen, mental perception which enables a person to say or do the right thing, whether disagreeable, hard, seemingly cruel, or otherwise, in a way which will be acceptable, pleasing and helpful to the recipient. In other words, they have not acquired the art of Tact.

Whether this be due to ignorance or to conscious and willful violation, the results are the same. They are many and undesirable.

An abrupt, blunt manner, or method of speech, is offensive to most normal, refined people. It is far more hurtful, displeasing and annoying to abnormal, nervous, sick and highly sensitive individuals who are not strong enough physically nor mentally to overlook the outspoken abruptness of others. For this reason it is of great importance for nurses to study and practice the art of Tactfulness, particularly in their association and work with the sick. All the splendid results of their mechanical labors may be rendered entirely void by one simple act of Tactlessness.

A nurse always must bear in mind that she has the mental and psychical side of human nature to deal with in

her work, as well as the physical side; and that one is equally as important to the welfare of her patient as the other. Because of this she must exercise Tact in all her dealings, so as to keep the mental attitude of her patient unruffled and wholesome and in condition to derive benefit from all her treatments whether physical, mental, or psychical.

Patients, as a rule, are very susceptible to influence. A nurse who has the confidence and respect of a sick person can do much to lead that individual along lines of right or wrong thought just by her own attitude and manner. If she is gentle, kind, sympathetic and persuasive in her efforts to serve, in time she will induce her patient to follow her directions without in the least arousing his resentment or antagonism. If she is domineering, dogmatic and self-assertive in her manner, she will offend the patient, incite a wrong attitude of soul in him, and do as much harm to him as good. It calls for continued, careful foresight and study to approach different patients in a tactful manner and handle each one in such manner as will be pleasing and acceptable to his or her individual ideas and tastes.

If we will be tactful in our work as nurses we must learn to say and do hard, disagreeable and severe things in an amiable way which will be agreeable, satisfactory, inviting and attractive to our patients. We must manage to lead them our way—that is, to follow our directions—so cleverly and skilfully that they do not realize the fact that we are leading them, or that they are doing anything but having their own way. We must be positive, strong-willed and firm in fulfilling our duties;

but we must disguise this with kindness, amiability, gentleness and consideration. This is *Tact*.

It was once said of a gentleman who had mastered the art of Tactfulness that he could tell "the meanest, most hateful, most offensive truths" in such a smooth, gentle, and kind manner that people never realized he was saying anything but the most complimentary things. This man made and held friends wherever he went, because of his consideration and thoughtfulness of the feelings of others.

At this point an illustration or two may be of service to the reader, in helping to make clear the subject under discussion:

A patient has a certain fad in bed-making. The bed must be made precisely so; otherwise the patient becomes uncomfortable, irritated and nervously disorganized. She frets and fumes and works herself into a tantrum if her idea is not carried out.

A nurse of the strong, positive type is put in charge of the case. She has other views on the subject of making beds. She bluntly tells the patient so and refuses to cater to her whims, asserting that it is not the hospital style of bed-making. She is abrupt in her speech and manner, and is very outspoken. She uses no Tact in dealing with the sensitive patient. Consequently, she arouses her resentment, disturbs her peace of mind and upsets her nervously so that she is restless, nervous and unhappy for several hours following the incident. This causes a set-back to her convalescence and, perhaps, results even more seriously.

This unnecessary disturbance is solely the result of a nurse's Tactlessness.

If the nurse had been Tactful she would have catered to this insignificant whim of detail and thereby would have gained the friendship and confidence of her patient. She would have avoided the rocks; and moreover, she would have kept her patient in a normal, constructive attitude of soul and mind. Or, if the nurse could not conscientiously allow the whim to be encouraged, she should have kindly, amiably and gently, but firmly and persistently worked her patient out of the idea without in the least hurting or offending her. This would have been the exemplification of *Tact*.

Again: Another patient objects to a certain treatment which the physician has ordered for her. She refuses to have the treatment given, and becomes irritable and disturbed. A tactless nurse is waiting on her. She bluntly and positively informs the patient that she must have the treatment. The nurse also becomes irritable and ill-tempered and directly goes about to perform her duty. The patient is hurt by the abrupt speech and manner of the nurse, cries and upsets herself, worries over the affair and becomes so mentally disturbed that no benefit is derived from the treatment after all.

If the nurse had been Tactful she would have reasoned with her patient in a considerate, kind and controlled manner. She would have firmly but gently given the patient to understand that the treatment must be given according to the physician's order, and be given on time. She would have impressed the patient with the importance of the treatment and of her duty in fulfilling the order.

In nine cases out of ten the nurse's kindness and example of self-control and considerateness would have

won the admiration, esteem and good will of the patient who, probably, would have consented to the treatment. If not these results, at least the nurse would have avoided arousing the resentment and antagonism of the unresponsive patient, and would have been free of the responsibility for the patient's disturbed condition.

The results of Tactlessness in the nursing profession are many and most unfortunate:

1. We lose the respect and confidence of our patients, the physicians and our associates.
2. We arouse the destructive phases of character in others.
3. We fail to fulfil our Personal Responsibility for which we will sometime be called upon to make amends.
4. We lose opportunities for true service.
5. We place a large barrier in the road which leads to our goal of success.
6. We retard our own soul growth.

The results of Tactfulness, on the other hand, are most expedient and advantageous:

1. By Tactfulness we cultivate and increase the confidence, good will and friendship of our patients and our associates. We also gain the compensations thereof.
2. We set a good example and inspire others along higher lines of development.
3. We open up greater opportunities for true and noble service.
4. We render ourselves more capable of giving service.
5. We travel rapidly our road to success in the nursing profession.
6. We develop ourselves spiritually and psychically through our personal effort to be thoughtful of others.

It is now for the honest reader to decide which results are more desirable and expedient in her work as a nurse and which pay in the end. It is up to her to determine whether or not she will cultivate and practise the art of Tactfulness in her dealings with others. This is an individual problem for her to work out. The most that can be done for her is merely to point the way.

In her effort, however, to solve the problem it would be well for the reader to remember that it is far more worthy of a noble character to be tactfully honest and firm than it is to be bluntly honest and abrupt.

CHAPTER XIV

Jealousy and Envy

Jealousy and Envy are psychological combinations of Fear and Anger.

These are equally destructive in their effects upon the individual who harbors them. They both lead along the pathway of devolutionary life and soul retrogression. Therefore, the individual who is striving to reach a happy goal at the end of the evolutionary path of life must control these destructive agents and conquer the fear and anger which are at their basis.

Jealousy has been defined as follows:

“Jealousy is made up of fear that another may obtain possession of that which we regard as rightfully our own, and anger against him because of his desire or attempt to accomplish that end.”

Envy is defined as follows:

“*Envy* is the desire of the individual to possess that which another rightfully possesses, together with anxiety lest he may not succeed, and resentment against the rightful possessor.”

In the definition of Jealousy we find a combination of fear and anger.

A nurse has gained the respect, confidence and good will of a certain patient. She selfishly regards this as her own exclusive right and possession. She observes the patient manifesting, however, interest in an associate

nurse, and speaking complimentary things of her. The nurse begins to feel anxious, uncertain and suspicious (which are phases of fear) that her associate nurse is endeavoring to win the good will, confidence and respect of the patient. She becomes resentful, indignant, bitter and hateful toward her associate. These emotions are phases of Anger. She yields to the temptation of Jealousy and eventually becomes consumed by it. Her soul suffers the inevitable results of the fear and anger involved in Jealousy.

In the above definition of Envy we also find a combination of these same destructive elements.

A conscientious nurse, through special effort and energy devoted to the lines of her work, has gained the respect and admiration of the superintendent and physicians of the hospital. An associate nurse, who has been indolent or careless, desires and longs for the honor possessed by her fellow nurse. She becomes anxious, discouraged and distrustful (phases of fear) that she will be unable to gain that honor. She then becomes resentful, hateful, bitter and revengeful toward the other nurse, and thus displays these various phases of anger. She continues envious of that which another rightfully has acquired through personal effort. In this attitude she is traveling along the retrograde pathway of devolution.

We see, therefore, that Jealousy and Envy are, indeed, combinations of Fear and Anger, both of which are powerful, destructive factors in human life.

Anger consumes the human soul. Fear paralyzes it. Each, in its own way, retards the soul in its onward progress to self-development and unfoldment, and causes discontent and unhappiness.

Jealousy and *Envy* are temptations which must be met and overcome by all individuals who hope to reach the goal of evolutionary unfoldment.

The only remedy is *Self-Control*.

The general results of these two temptations are inevitably objectionable, unsatisfactory and unprofitable. By yielding to them we radiate an uncongenial magnetism which causes inharmony in our relations with others. We lose the friendship and companionship of broad-minded, cheerful and helpful individuals. We waste an enormous amount of valuable time and energy which otherwise might be put to constructive use in acquiring and holding the things we so much desire. Our continued Jealousy and Envy develop within us a resentful, crabbed and unwholesome disposition, and most assuredly lead us along the devolutionary pathway, in the very direction we do not wish to travel.

If we could keep our Consciousness alert, study our motives and intentions, and the reasons for our unfriendly attitudes toward others, we would be making our first step toward overcoming the above mentioned temptations; for, frequently we do not realize that we are either Jealous or Envious.

When a nurse is ordered to prepare a patient for operation, there are certain definite steps she must take before she is ready to accomplish her duty. These preliminary steps must be taken in order; and the work must be done conscientiously otherwise the final results will not be satisfactory.

It is just so with our duty to overcome temptation. There are certain, definite preliminary things we must do before we can discharge our obligation. We first

must recognize our responsibility in the matter. Then we must determine to discharge that responsibility. We must decide unqualifiedly to overcome the temptation. This, however, cannot be done until we are able to recognize and know that such enticements come to us. In order to do this it is necessary to study our motives, intentions and reasons for all the things we do. We then must know and congregate our instruments. That is, we must know the remedy and how to use it in accomplishing this work. Then and then only are we ready to begin the actual work of fighting the battle.

Our working tools are:

1. A wakeful Consciousness to *know* the temptation.
2. A Will to *overcome* it.

Our remedies are:

1. A knowledge of our Personal Responsibility in the matter.

2. The exercise of Self-Control.

One thing which has been of most real help to the author in controlling these temptations—for she has met them many times in her life and experience—has been a study and remembrance of Nature's great Law of Compensation which deals justly and equitably with all individuals under all circumstances. She has pondered over this fact and studied it until she has come to a realization that she will receive a just reward for all the personal effort she puts forth. Neither more nor less will she ever receive. In her study of this Law, Emerson's essay on the Law of Compensation has been of wonderful help to her.

If this law were not true, how would it be possible to account for the fact that some people are blessed with

comforts, talents and other advantages; while others have so little in this life?

This can only be because the one class have earned those rewards and the others have not.

If all of us could but bear this fact in mind and consciousness at all times, and if we could realize that all our acquirements and achievements are the results of our own personal efforts (either in this life or, as some believe, in other lives) we would find no room for Jealousy or Envy in our souls.

We can acquire and gain any achievement (for the possibilities are within ourselves) if we have but the "Intelligence to Know, the Courage to Dare and the Perseverance to Do."

Could we keep this in mind, and work to make the best of our inherent abilities, we would be so busy that there would be no time nor inclination to begrudge or lament over the good fortune of others. We would no longer indulge ourselves in the temptations of Jealousy and Envy.

All individual development and evolutionary unfoldment are the result of personal effort alone!

CHAPTER XV

Officiousness

Officiousness is a common characteristic of the majority of strong individualities. It is not at all unusual to find positive characters betraying obtrusiveness, and meddling in the private affairs of other persons without invitation or necessity. It is a universal tendency of positive characters.

Officiousness expresses a phase of Intellectual Vanity. It means—"to obtrude one's self or one's opinions on others, or to volunteer one's services where they are neither asked nor needed." Its synonyms are: meddlesomeness, interference, tampering with, obtrusiveness.

The majority of us usually are disposed to feel resentful toward obtrusive personalities. We feel disgusted with them when they endeavor to intrude or thrust their opinions on us uninvited. We are offended by this expression of Vanity and Selfishness. Neither do we enjoy having certain individuals meddle in our own private affairs, interfere where they are not wanted, or persist in volunteering their services when we neither desire nor need them. It chafes us and causes irritation, resentment and repulsion in our attitude toward them. We endeavor to shun such individuals, and to avoid their undesirable association.

All self-respecting individuals, whether normal or otherwise, resent meddlesomeness and obtrusiveness in

others. We feel repellent toward the individuals who practise these annoying traits of character. We, as healthy, normal individuals, realize the annoying effects of an officious person. Have *you*, dear reader, ever stopped to consider what effect such a personality would have on a highly sensitive sick person?

Surely each and every one of us has at some time experienced the disagreeable effects produced on our consciousness by an officious person. Let each of us, then, as a nurse, recall the confused state of our own soul at the time of such experience and then try to realize and appreciate what would be the effect of such a personality on a sick patient. In doing this we must take into account the general nervous condition of the sick person and his natural tendency to exaggerate all disagreeable occurrences. Let us analyze and define our own feelings under similar conditions and apply these, if we can, to our patients.

Perhaps by making this effort to understand, we may get an idea of the effects produced on a sick person by an obtrusive, meddlesome individual, and thus be able to sympathize with him.

It is hoped that the reader, especially if a nurse, may be inspired to put forth this effort to understand, appreciate and sympathize with her patients. It is also hoped that she may be impelled to search diligently her own soul for traces of this disagreeable characteristic; and if she find any, to resolve forthwith that she will eliminate it from her soul—for it is unworthy of her, both as a woman and as a nurse.

An officious nurse arouses the destructive impulses of irritation, annoyance and resentment in her patients.

She displeases the physicians, and leads her associates to shun her as undesirable company. She invites hostility and repulsion in all persons with whom she comes in contact. She repels friendship, and shuts the door on the confidences of her patients and her associates.

In truth, the officious nurse sets in motion a repellent force which destroys confidences she has already received, and erects a barrier to gaining the future confidences and friendship of her fellowmen.

Officiousness is a temptation which, if yielded to, leads to most unfortunate results, and to discontent of mind and soul.

The following brief divergence seems apropos to the subject under discussion. It is in the nature of a short discourse on the subject of Outward Manner. For, it has been learned from experience that this theme is one seldom analyzed or studied by those of our profession; and in the event it is studied we seldom find the knowledge so gained practically applied.

Outward Manner is of great importance in the nursing profession, as well as in any other association or work of life. It should be thoroughly understood and exemplified by every conscientious individual who is endeavoring to serve his or her fellowmen in any capacity.

Manner is the outward manifestation of the individuality. It is a phase of personality which betrays the individual soul within. This is true. Yet, it is possible for us to fall into habits of manner representing a definite state of development, and to continue in these particular habits after we have passed above and beyond the point of unfoldment which they represent. Thus, through the practice of such habits we often make impressions

on others which differ widely from the attitude of soul maintained within. In this we do ourselves injustice.

For instance: While our soul is still filled with intellectual vanity we form a habit of manifesting exaggerated independence through our outward manner. As we put forth the personal effort to develop and unfold ourselves, we gradually eliminate this phase of vanity. We are thoroughly aware of this. But, consciously or unconsciously, through ignorance or indolence, we give no attention to our outward manner, and fail to change it so as to make it represent our true individuality subsequently. We continue along in the old habit we have previously established. When new acquaintances express an opinion of us they are apt to say: "She impresses me as being too independent." They naturally feel a sense of repulsion toward us. We are made to suffer the inevitable results of such a disagreeable impression by closing the door to their friendship and confidence. This occurs as the result of an *Outward Manner* which fails to represent the true inward attitude of the individual.

It is a very simple and not an unusual thing to make unfortunate impressions through a wrong outward manner, alone. In the work of nursing it is especially necessary to study and watch this outward manner that it shall not convey false impressions to others and thereby erect barriers in our pathway to success. For, it is an easy thing to cause ourselves to be shunned, disliked or avoided solely by reason of our outward manner, whereas were we able to manifest our real inner attitude of soul, our true individuality, we would be loved and admired

by the very ones who have received such wrong impressions of us.

It is possible that many of us nurses, if we but knew it, give the wrong impression of being officious even when there is no trace of that attitude within our souls. For this reason we must study carefully our *outward manner* and make sure that it conveys exactly and at all times our true inward attitude of soul. If we keep this idea in mind, study the subject and inquire occasionally of our friends concerning our manner and their impressions of us, we will be able to overcome this unfortunate habit of wrong manner, and will accomplish much in reaching our goal of success. We must strive to cultivate such an outward manner as will be pleasing and acceptable to our patients and all our associates. Moreover, the honest effort to maintain a constructive and pleasing outward manner has a powerful influence upon the internal attitude of soul which helps to keep it in line with the Constructive Principle of Nature.

The remedy for overcoming Officiousness is to study and learn the true meaning of Humility, and to practise that virtue in our daily lives. Certainly, it is necessary to keep our Consciousness alert that we may recognize any tendency to yield to this temptation. We also must recognize our Personal Responsibility in the matter, and must exert our Will and Self-Control to conquer it. If we will bear in mind our own feeling of repulsion toward obtrusive and meddlesome individuals, it will prove a great help to us in removing these disagreeable traits from our own souls, and will lead us toward the goal of our self-development and ultimate success.

CHAPTER XVI

The Failure to Educate Patients

The opportunities for rendering valuable help and service to our fellowmen, by educating them along many lines, are varied and numerous in the nursing profession. That occupation is one among many where the helpers come closely enough in contact with their patrons to serve them in a consistent and helpful manner and in such way as to leave a lasting impression upon their consciousness.

It is an opportunity of a nurse's lifetime to be permitted to serve humanity by educating her patients along the lines of health, for of this they are at present sorely in need. There is no greater benefit she can bestow on them and no greater good she can accomplish for her fellows than by following out this line of education.

One of the great shortcomings of nurses—particularly in the field of private duty where the opportunities are greatest—is their failure to educate their patients. The majority of them do not seem to understand or appreciate this as a definite part of their personal responsibility. They continue, day after day, performing no more than merely their mechanical duties. The equally important and sometimes more effectual part of their obligation is ignored or avoided entirely. All effort is made to effect the temporary cure of patients. Nothing is done to teach them the ways and means of preventing

new troubles and of remaining cured of old ones. This responsibility is left almost entirely undischarged.

The duty of teaching and educating the patients under her charge is as much a part of the nurse's obligation as is bathing them, giving medicines, taking temperatures, etc. It is her responsibility to teach them the care of themselves physically and mentally. There is no other profession so naturally equipped in every way to do this work as is the nursing profession. Therefore, if nurses fail in this duty how will the public ever be educated wisely along these lines?

It is true that the medical profession has the knowledge, the intelligence and the ability to do this important work. However, the members of that profession do not come closely enough in contact with the daily lives and intimate confidences of the patients, nor do they spend sufficient time with them to make a deep and lasting impression upon them.

The greater portion of the nurse's time is spent in intimate association with her patients. She comes to know of their lives, their habits of living, their weaknesses, failures and difficulties, their idiosyncrasies and nervous temperaments; and, if she is a successful nurse, she usually wins their complete confidence. She is able to study their needs and necessities, and if she properly uses her intelligence and opportunities, is able to render a large amount of invaluable service to them by supplying these needs and necessities. In various ways she has the opportunity to teach and educate them every minute of the time she spends with them in such manner as to make a strong and lasting impression on them and inspire them to make practical use of her teachings and

suggestions. By the use of her intelligence, and some personal effort, she can make herself a power for good in educating and inspiring those of the public who are under her care. Thus she can do her part in establishing health, peace and happiness among mankind where the demand for these is so great.

There are various methods of accomplishing this work. To obtain the best results it is necessary to combine the various methods and use them as one's judgment dictates. It is essential to study the character of a patient and apply such methods as will be acceptable and make the deepest impression on him. In some cases it is one method; in others yet another, and in others still all methods will be found necessary.

We educate by giving definite instruction along specific lines. A certain class of individuals will be interested in, and will acquire more knowledge by, this process than by any other. On the other hand, some will be found who refuse to listen to instruction, but who will absorb more knowledge through a proper influence on the part of the nurse. Others, because of vanity, will spurn the idea of being taught anything by a nurse; but these will be found to yield to good example, although they will not admit this even to themselves. Again, we may find some who will submit to no method but that of suggestion. Because of this we first must study our individual patient, and then apply one of the methods, or a combination of two or more, or a union of all of them. We must bear these methods of education in mind and apply them as our judgment dictates in each particular case. These methods are:

1. By direct instruction.

2. By personal influence.
3. By personal example.
4. By independent suggestion.

There are also various lines along which we must educate. These are:

1. The prophylaxis of disease.
2. The essentials of nursing.
3. Personal Cleanliness.
4. Along intellectual and educational lines.
5. A wholesome philosophy of morality.
6. The influence of the mind on the physical body.
7. The Law of Magnetism.

As the nurse proceeds in her journey of service she will find that patients need education in any one of these various lines, or it may be in all. It is her responsibility to ascertain her patient's needs and then to supply them.

It is astonishing to find how many people there are in this day and age who know little, if anything, of the ways and means of preventing disease. Such individuals need to be taught these things and taught them thoroughly. If this is not done a temporary cure will prove ineffective; for, if they are permitted to continue in their ignorance in a short time they will fall a prey to the same disease or to some other. The duty of educating this class of patients falls to the nurse.

It is unnecessary to go into the details of this line of work, for all nurses are taught prophylaxis in their training schools. They have the knowledge if they will but use it. We therefore will pass on to the next line of work—that of teaching the essentials of nursing.

Those who are ignorant in this line must be taught the

necessity and the reasons for the frequent bathing of sick people, and for keeping them clean both inside and out. The cleansing of the teeth and mouth should be thoroughly taught and discussed, and the importance of this practice made clear and definite. They should be made to understand and appreciate the necessity of pure, fresh air about the sick-room, and the inevitable results of foul, impure air. The essentials of sick-room diet should be taught clearly and concisely to every patient, that she may understand the theory and practice of a proper diet in overcoming disease.

Personal cleanliness should be taught in general and in detail to those who need enlightenment on this subject. They should be taught that "Cleanliness is next to godliness," and that they should "get next." Bathing, teeth cleansing, hair washing, care of the finger nails, change of underclothing, etc., all should be included in this course. Incidentally, one of the most potent methods of impressing the necessity of all this is by the constant example of the nurse herself. She can accomplish as much by constituting herself a living example in this line as by any other method, if not more.

We nurses always should strive to stimulate our patients along lines of higher intellectual pursuits and general interests, that they may not dwell on their own physical ailments and, through worry and fretting, delay their progress. We must do all in our power to keep their minds directed along lines of thought away from themselves, until we can obtain their intelligent coöperation. This is best accomplished by interesting them in good, wholesome literature, and cultivating their tastes

for educational and instructive writings, or in some line of definite study.

It is always our responsibility to inculcate in the minds of our patients a wholesome philosophy of morality, and inspire them to exemplify it. In the nursing profession we meet many people whose standards of morality are loose and their ideals low. We must strive by example, influence and right suggestion, to lead these to a higher understanding of the laws of life and morality, and establish within them a desire to exemplify these laws. This is one of the great needs of the sick and the suffering always. There is no greater service we can render.

In teaching any of these subjects it is well to bear in mind that the most potent results are gained by practising what we preach. This always acts as a greater inspiration to, and leaves a greater impression on, others than all the preaching we can do—if we fail to practise.

The last and, perhaps, the most important subject we are in duty bound to teach our patients is the influence of the mind on the physical body. It is an essential item in the prevention and the cure of disease, and cannot be overlooked by those who are in charge of the sick, and who earnestly are striving to fulfil their entire personal responsibility.

It is an understood fact among most medical and scientific men of today that the influence of the mind upon the condition of the physical body is one of the most potent physiological and pathological facts of Nature.

The general public, too, are conscious of this fact, although they may not fully realize it. They follow

the various treatments and cures which are effected for the sole purpose of establishing a definite state of mind to be reflected on the physical body, and marvel at the wonderful results. Few understand the process of the cure.

The cure by prayer, mind cure, miracle cure, bread pills, placebos, Christian Science treatments and Hypnotism are various systems resorted to in the hope of restoring a normal, healthy condition through the influence of the mind. If one were to analyze the underlying principle of these and various other unmentioned processes used by physicians, he would find it to be the same in virtually every case. The sole purpose of each one is to establish in the mind of the patient a steadfast and an abounding *Faith* that he will be *cured*. This is known as the "*Therapeutic Faith*." Therefore, the object of all these treatments and cures is to inspire Therapeutic Faith in the patient. This is the underlying principle.

In the Bible we find several instances wherein these words are spoken by the Master, Jesus: "Thy *faith* hath made thee whole." The real principle of cure is fully stated in those words.

One of our essential responsibilities as nurses, then, is to establish in our patients a deep and abiding Therapeutic Faith, for this is essential in the prevention and the cure of disease. We must inspire in them three definite things:

1. A sincere and true *desire* to be well.
2. A strong *Will* to be well.
3. A resolute and unconquerable *Faith* that he will *become* well.

Without these conditions all other physical or mental

treatments will be found largely valueless, for the mind and the body must be in a receptive condition to obtain the benefits of all such treatments. Otherwise they fail.

The following is an extract from the writings of a well-known author on the subject of "True Suggestion and Faith:"

"The relation of the mind to the physical body is such that every mental state or condition has its reflex condition in the physical organism. Just why this is true is a proposition which might lead to endless discussion with fruitless results. But perhaps one of the best known and most frequently demonstrated facts of medical science is comprised in the statement that the patient's mind is a potent factor which must be taken into account in the treatment and cure of disease of all kinds. . . .

"The regular physician knows that Fear, Anger, Worry, Anxiety, Sorrow, Gloom, Doubt, Despair, Unhappiness and Excitement of every kind and degree, are destructive mental conditions which have a tendency to produce disease, and when so produced to aggravate and accelerate its destructive action upon the physical body.

"He likewise knows that Courage, Brightness, Cheerfulness, Freedom from care, with Perseverance, Determination, Hope and *Faith*, are all mighty factors to supplement Nature's Constructive Principle in the restoration and conservation of health and life."

In this connection, we must impress upon every patient (particularly the women) that the failure to exercise Self-Control over the emotions in the daily home

life, or in business life, inevitably will lead to some form of disease, or will aggravate those already existing. Every uncontrolled impulse to worry, discouragement, anxiety, anger, fear, excitement, or despair leads directly to headaches, indigestion, nervous disorders, and other abnormal physical conditions. This they must learn, and the nurse must teach them. On the other hand, brave cheerfulness, a sense of humor, courage, perseverance, determination and *Faith* will build up and strengthen the physical organism and lead along the path to physical health and soul contentment. We nurses must inspire these conditions of mind in our patients and teach the way for them to follow.

This means that whenever a nurse finds her patient in a brooding and despondent attitude of mind, or hopeless of recovery, it is her special business and responsibility, by appealing to every constructive impulse of his mind, to inspire and establish a genuine *Hope*.

Wherever she discovers a morbid attitude in the mind of her patient which tends toward destructive results, it is her business, by all the intelligence she possesses and by every intelligent means within her power, to overcome that morbid tendency, to lift the patient out of it, and to establish a wholesome attitude of soul with therapeutic tendencies and potencies.

Whenever she finds her patient dwelling upon his afflictions it is her business, by every line of suggestion possible, to interest him in lines of constructive thought, to teach him the destructive nature of his morbid condition and to instil in him the value of a therapeutic attitude of soul.

Every patient presents a different problem because

every patient is an individual, unlike any other individual. Therefore, he must be dealt with by the nurse as a distinct and individual problem. No set rules can be laid down for the government of the nurse in each individual instance. It is her business so to study her patient as to know definitely every destructive influence bearing upon him and to substitute therefore, in her own intelligent way, the constructive attitude and condition.

This is part of the Personal Responsibility of each and every individual nurse, and it is her business to fit herself for the discharge of that responsibility.

CHAPTER XVII

Failure to Entertain Patients During Convalescence

A charge to which perhaps a majority, or at least a large number of us, must plead guilty is that of our failure to entertain and interest our patients during their period of convalescence and recuperation.

Many of us have the tendency to shirk our responsibility along this line, and to feel that after we have carried our patients through the crises of their disease we have accomplished our duty and fulfilled our one obligation. We usually are tired and weary during the time following our strenuous work, and stretch our conscience by feeling justified in taking things "a little easier." We are tempted to leave our patient to his own resources of entertainment, or to that of the other members of his family. We do the work prescribed by the physician and feel that our duty is done, taking for granted that the patient himself, or others, will look after his entertainment.

But this is far from true; for, in most cases, the period of convalescence and recuperation is the most trying to the patient. At such times he needs cheerful companionship, and intellectual or physical activity to keep him from brooding over his unfortunate illness. He requires constant encouragement and continually must be encouraged with the therapeutic *faith* and *hope*. His

time during the day must be employed in various ways in order that his life may not become wearisome and monotonous to him and lead him to feel that he is a nuisance to himself and others. His mind constantly must be kept interested in one definite thing that he may not be allowed to succumb to the general temptation of Self-Pity. In fact, every waking moment of his convalescence must be made one of entertainment to him by those in charge of his condition that this period may not become tedious and monotonous.

This responsibility falls on the shoulders of the nurse. This is part of the obligation she assumes when she takes charge of the case. This is her duty—to entertain, to teach and to educate, as well as to cure. And each nurse, if she desires to become successful in her work, must learn to discharge this obligation.

As a rule, the tired nurse, during this period of each case, seeks relaxation by reading to herself books, magazines, or other available literature, merely taking care to perform the prescribed duties on time. Perhaps she writes letters to her friends, or carries on entertaining conversations with the other members of the household more interesting to her than is the patient. Or, she seeks general relaxation by other means.

Friends, this is entirely wrong. The time for which you are being well paid, and during which you are trusted to do your duty, must be devoted to your patient. This is one splendid opportunity for service, and you can render no greater service than by educating and teaching your convalescent in the lines wherein he needs help. By your good example you may lead him out of wrong attitudes and concepts of life, and inspire him along

different and more constructive lines. By a strong personal effort you may be able to change the entire character and outlook of an individual during the period of convalescence alone.

What greater service could you render? Is there, indeed, a greater service? Would not the result be well worth the necessary effort?

We must remember that by helping others inevitably we help ourselves, for the personal effort we put forth in the service of others, develops our own soul and strengthens our own Will and Intelligence. By entering wholeheartedly into the effort to entertain our patients we not only fulfil our duty but also may find relaxation and entertainment, if we but do it in the spirit of cheerfulness and good will.

There are various ways of relieving the tedious hours of the convalescent. The literature of today is so varied and educational that one is able to find books or magazines to appeal to any sort of intelligence or individual taste. The nurse should read to her patient and try to keep him interested in the theme under consideration by discussing different points and asking his opinion upon things in general. If possible and expedient, she should strive to educate him to a more elevated ideal of, and a deeper and broader interest in, better literature.

The newspaper usually is a form of entertainment for the majority of people.

If the nurse finds it desirable she might use it as a means of educating the patient and helpfully whiling away some of the monotonous hours. If the patient is able she might render help and at the same time fulfil her duty, by answering correspondence for him. She

may acknowledge flowers or notes of sympathy. If her charge enjoys playing cards, chess, checkers, or other games, the nurse should enter wholeheartedly into the sport, even though she personally does not care for it. She may walk or ride with him, if this is allowable. She may give pleasure by rendering, or listening to, music.

In fact, the nurse should adapt herself to, and enter enthusiastically into, any form of work or entertainment which appeals to her patient and which will keep his mind and body employed during this most trying and tedious time of his illness.

The following are some suggestions for the entertainment of patients:

1. Read books, magazines, newspapers and other literature.
2. Answer correspondence.
3. Acknowledge flowers and notes of sympathy.
4. Play games, cards, checkers, chess, etc.
5. Attend theatres, or interesting lectures, when allowable.
6. Pay calls to friends, patients, etc.
7. Render, or listen to, music.
8. Take walks or rides with patient.
9. Sew, if patient is interested in it.
10. Study some definite language, or other subject with the patient.
11. Work out picture, or other, puzzles.
12. Tell stories.
13. Discuss various topics of interest.
14. Do outdoor gardening, if patient enjoys it.
15. Work out various designs in drawing.
16. Play outdoor games, if possible.

17. Do gymnastics, or other exercises.

In fact, use any and all physical or intellectual means to cause diversion and wholesome exercise.

Every individual has some one peculiar interest or entertainment in his life. It is the nurse's duty to strike this dominant chord and, with this in mind, base her schemes of entertainment on it in such manner as to develop interest along other lines. Let her try different methods of interesting the patient until she discovers the main interesting theme. Then let her proceed to work out from that in establishing and maintaining interest in different fields.

This is all part of her work as a healer and helper of the sick. This is a part of her obligation and, if she would succeed and be a credit to herself and to her profession, she must learn to fulfil this important responsibility. For it is only through the full discharge of her own Personal Responsibility that she ever will travel successfully the pathway of individual development and personal unfoldment.

CHAPTER XVIII

Self-Pity

Friend, reader, do you understand the significance of "Self-Pity?" Have you ever studied and analyzed the subject? Did you ever search the confines of your inmost soul for traces of it? Has it ever occurred to you that this destructive agent may be at the basis of some, if not all, of the unhappiness you experience?

It may prove helpful to stop for a moment at this point and seriously answer these questions. It may be the reader will discover a spark of light which may prove of benefit to her in the years to come. May she think well and carefully over the subject, for it is well worth any time and effort she may devote to it.

It may be a revelation to the majority of those interested to know that the great percentage of all human misery is based solely and simply on what is known as "*Self-Pity*." It probably never has occurred to them before. This is true of the majority of mankind. Nevertheless, the fact remains that, consciously or unconsciously, Self-Pity is the underlying cause of most of the mental suffering of humanity.

Self-Pity, in its turn, is based on the assumed fact that God, or Nature, or the Great Universal Intelligence, has treated us unjustly and has failed to give us what we consider our just deserts. We feel that we have been cheated out of something to which we are rightfully

entitled. We carry in our souls the idea that the Great Over-Ruling Intelligence has been cruel and unkind to us in withholding something we believe to be ours by natural right.

With these assumptions in mind, self-pitying individuals continue on their way harboring a grudge against the Over-Ruling Intelligence until they become so entirely absorbed in their grudge that they fail to see good in any of His works. They become sour of disposition and enveloped in misery. Their own troubles and sorrows absorb their entire attention. They put forth every effort to make known these supposed injustices to others and to lead these along the path which they themselves are following. If they see others cheerful and contented their own misery is increased and they become indignant because their companions are deriving benefits from life which they are missing. They endeavor to arouse dissatisfaction and to depress the spirits of cheerful souls in order to bring them to their own level of discontent and unhappiness. This is the way of self-pitying souls.

These individuals radiate a permanent atmosphere of discontent, dissatisfaction, disappointment, fault-finding and general unhappiness which is deeply disheartening and depressing to others. This fact alone makes a self-pitying attitude of soul morally wrong and destructive to the individual who harbors it. It is unfair and destructive to himself, but even more so to those with whom he comes in contact.

The attitude of self-pity is a slow, destructive process which gradually eats its way into the soul and destroys not only physical and mental health, but also cheerful-

ness, faith, courage and noble aspiration. It is a self-consuming agent of the virulent, malignant type. Because of this it very rightly and appropriately has been designated by one author as "Psychological Phthisis." Truly it is "*Consumption of the Soul.*"

Self-Pity is a destructive disease, deadly in its results. Fortunate, indeed, is the individual who has conquered it. Unfortunate, indeed, is the victim of its power. Nevertheless, he need not remain its victim if he but have the *Will* and *Desire* to free himself from its shackles. There is a remedy for this malady, as well as for all others, if he wills to use it.

This remedy is *Self-Control*, and a knowledge and exemplification of the principle of *Right Use*. It is a never-failing cure, if earnestly and honestly tried and tested.

Every individual who enters upon this earth plane begins life with a full and complete equipment for fulfilling his primary purpose of Self-Completion—that is, of developing himself equally, physically, spiritually and psychically. Nature endows and invests him, at the time of his creation, with a physical body, a spiritual body, and a complete set of faculties, capacities, and powers of the soul, all of which are to serve him in his development during this earth life. At the same time, Nature places upon that soul the obligation to make *use* of his possessions, or endowments, and to use them *rightly, all the time, and to the best of his knowledge and ability*. This is a condition precedent to the gift.

Nature charges this gift with a definite obligation. She demands that each individual fulfil that obligation to the very best of his knowledge and ability. Now

the question arises—if he fails to fulfil the obligation to the very best of his knowledge and ability, is he deserving of the gift? Any fair and rational individual will admit that he deserves it only *insofar* as he rightly *uses* it for the designated *purpose*.

For instance: Suppose you, kind reader, gave a certain amount of money to a friend for the definite and specific purpose of educating him. At the time the gift was made you had in mind the idea, and you so definitely state, that it shall be used by your friend for that one purpose and for no other. This is a condition precedent to the gift. You make that fact known to your donee at the time.

Later on, however, you discover that the money is being used for purposes entirely foreign to your intent. It is being spent for entertainment, for luxuries, or even for immoral purposes. Or, perhaps you find that only a *portion* is being used for the original purpose, while the *remaining* portion is being held in reserve, or is being squandered.

Now, in such case, would you, the donor, feel that your gift was being rightly used and that your friend was deserving of it? Would you be willing to continue your gift? It is hardly likely that you would.

So it is with Nature. She presents us a gift at birth which is intended for a definite and specific purpose. If we fail to use it for that purpose we are undeserving of it—if measured by our human standards. We deserve only those gifts which we *rightly use, to the best of our knowledge and ability, all the time*.

If each one of us were to analyze the possessions and endowments which Nature has bestowed upon us; if

we would study our use of these gifts, and whether or not we rightly use them all the time; if we would determine whether or not we are deserving of the benefits which thus have been conferred upon us; and if we would do this sincerely, fairly and squarely, it is almost inevitable that each one of us would find that we do not deserve even half the gifts with which Nature so kindly and generously has endowed us. As a result of this deep study and honest analysis we would be in position to realize the utter futility and injustice of Self-Pity, as well as the weakness of character which this destructive agent betrays.

There are many things in life which lead to, and are the cause of, Self-Pity. Loneliness, lack of material possessions, unsatisfied ambitions, physical deformities, unjust accusations, the desire for companionship and unrequited affection, are some of these causes. Many of these are natural and may be justifiable in one sense. But insofar as they are allowed to block the pathway to successful soul development and to stand in the way of rendering service to others, they become destructive. Inasmuch as the majority of individuals allow these things to weaken their characters and to consume the health of their souls, they become unjustifiable and unworthy. And thus, inevitably they result destructively.

The remedy is *Self-Control* and an understanding of the principle of *Right Use*.

From personal experience and study it has been observed that Self-Pity is not an infrequent mental disease among the members of our profession. It has been demonstrated that among this class of women, as well as others, Self-Pity is one of the great, underlying

causes of unhappiness and discontent. Because of this fact the above analysis of the subject is given, in the firm hope and abiding faith that it may help the honest reader to a happier and better understanding of life and its manifold beauties and blessings.

Nurses frequently succumb to the habit of Self-Pity because of the difficult and unpleasant work they have to do. Some lament their fate because of the lack of social life and companionship in their field of work. Others will hold a grudge against the Almighty One because they are not duly and properly appreciated and do not receive what they consider sufficient compensation for the services they render. A few may have physical deformities which they believe place a barrier in their way to success. Many allow themselves to be depressed and unhappy because their associates possess things which they desire. In other words, their envy leads them to Self-Pity. A large number of nurses live in discontent and inharmony because of their longing for the individual love relation, or because of unrequited love. Oftentimes they are lonely, and for this reason yield to the temptation of Self-Pity. Occasionally we find a nurse whose high and mighty ambitions have led her to keen disappointment. As a rule, such a one will accuse the Over-Ruling Intelligence for her failure and will foster her condemnation for years, dwelling continually in a maelstrom of discontent. In many cases unsatisfied vanity is the cause of much dissatisfaction among nurses.

In fact, the nursing profession offers every kind and phase of excuse for yielding to the temptation of Self-Pity, if the individual members are disposed to succumb to it.

But, friends, Self-Pity brings with it no benefits to either the individual herself, or others. On the contrary, it carries with it an atmosphere which surely and inevitably will cause others to shun her and to escape her company whenever possible. It will lead the physicians for whom she works to seek the more cheerful dispositioned nurses who will radiate a constructive atmosphere about their patients. It will tend to force her associate nurses and outside friends away from her. It will inspire their pity or their contempt, rather than their respect. Her superintendent will hesitate to place her in positions of responsibility because of the destructive and depressing atmosphere she radiates. Moreover, and most important, sooner or later she will be forced squarely to face the fact that she is a failure in her work and a blot upon the profession.

Perhaps you will wonder why. If so, analyze *yourself* with this destructive agent in mind and you will know the reason.

Remember always, one of the most desirable and important traits of a good, successful nurse's character is cheerfulness and a wholesome acceptance of the difficulties, as well as the benefits, of her life and conditions.

There is a tried and tested cure for Self-Pity which is unfailing in its results. By the application of this remedy one is able to reverse the current of his life from the destructive to the constructive and to travel the way of success rather than that of failure.

This remedy is *Self-Control* and an intelligent understanding and appreciation of the essential and inexorable principle of *Right Use*.

Self-Control! Right Use!

CHAPTER XIX

Morbidness

What soul in life's school does not find in his course,
Hard burdens and lessons, some law to enforce;
Stern labors, grim duties that spring in his path
To chafe and distress, mayhap to cause wrath?

The burdens are carried, the lessons hard gained;
Sore labors performed, dread duties sustained.
But the anger, resentment, dark shadows and chides
Hold the soul's quiet beauty submerged by the tides.

The true compensations for duties well done,
Demand of the soul that it give to each one
Attention, intelligence, alert consciousness,
Transmuted by love, into *true Cheerfulness*.

Morbidness is a comparatively commonplace temptation in human life. We are all of us more or less subject to it at times in our lives, but in some individuals it seems to be a part of their general natures—almost an inheritance. Some are unconscious victims of the plague who spend the greater part of their lives in gloom and moodiness.

Chiefly to these this chapter is written in the hope that it may bring more sunshine and contentment into their dreary lives. On the other hand, this is a direct message to all readers who are subject to the temptation herein discussed, whether it be desultory or continuous, and who need the lesson to help them on their way of constructive self-unfoldment.

A life of usefulness is made up of responsibilities, duties and obligations. Worthless indeed is the life which is devoid of them. Every individual who is striving to live a constructive life, or who is endeavoring to accomplish definite things in life, has certain unavoidable duties and obligations which he cannot escape. He cannot shirk them and win success, for they are a part of his life and its responsibilities.

In almost every conceivable line of work there are certain phases which sooner or later become monotonous and wearisome. The mechanical work, or the grind of repeated duty day after day becomes almost repellent and unbearable at times. The same hum-drum performance of a duty sometimes becomes a disheartener. Sometimes we are tempted to break under the strain of monotony. We become heart-sick, discouraged, ill-tempered and depressed because of it. We lose interest in our work, in our fellowmen, in our environment and, indeed, in life itself. We begin to falter by the roadside of destruction; later we fall by the way and are lost.

At any rate, these mechanical, monotonous, grinding, routine duties must be performed. They can be done either in a spirit of resentment, complaint, bitterness, protest, depression and morbidness, or in an attitude of soul representing peace of mind, contentment, satisfaction, and brave, cheerful complacency. At this point we are given the opportunity of using our independent, self-conscious and rational volition. We have the free and unhampered right to make our own choice. We are thrown back upon ourselves. It rests entirely with us to choose the way we go.

It is a lamentable and sorrowful fact that at this point

the majority of us fail. We do not bear in mind that duty fully performed involves two essential elements:

1. The *mechanical* performance of the duty.
2. The *spirit and attitude of soul* in which the mechanical duty is performed.

The greater number of us believe that if we perform the mechanical duty properly our responsibility ceases. But herein is made one of the greatest mistakes. Goethe says: "If we give all we have, do all we can, yet think unkindly, it profits us nothing." If we fulfil an obligation in a spirit of protest and complaint the duty is but *half* performed. And far better were it to have left it entirely undone. The sooner we grasp this fact the sooner will we receive our reward of success; for duties must be performed *fully* to attract and invite success. We cannot shirk and reach our goal.

Herein many of us meet and face defeat. We have not learned what constitutes a fully performed duty; and so we proceed on our pathway shirking, and incompletely performing our duties. The spirit of protest, complaint, bitterness, resentment and depression follows us like a dark shadow, casts its gloomy light over all our duties and labors, and thereby renders them void and without profit. We forfeit the internal satisfaction and contentment of soul which come as a result of duties fully performed. We fail to receive the entire reward for performing obligations in the right spirit of *cheerfulness*.

In fact, we waste time and energy in performing duties incompletely. We receive small reward therefor when, by maintaining the right spirit of *Cheerfulness*, we might fully perform the duty in the same amount of time and receive full compensation for it. True it is

that duties half performed are a waste of valuable time and energy.

Mechanical, monotonous, routine labor constitutes one-half the work of nursing. Making beds, giving baths, carrying trays and rubbing backs become a most monotonous grind when we feel the least depressed. But, friends, these duties are a part of the work we, as nurses, *must* perform. They are necessary responsibilities and insure comfort and relief to our patients. They must be performed regardless of how we feel or of the spirit in which we do them. Inasmuch as we must perform these duties, why not perform them in a spirit of cheerfulness and complacency, and receive full reward for duties *well done*, rather than waste the same amount of time and energy in performing them, and yet, because of a wrong spirit, receive only *half* reward? The inward satisfaction and peace of mind resulting from a duty *fully* performed are worth the time employed and the energy expended in keeping the right spirit and accomplishing one's work well.

At some time in his development each individual must learn the lesson of Cheerfulness. Each in his turn—and this means every nurse—must learn to perform all duties, pleasant or unpleasant, in the spirit of *Cheerfulness and Good Will*. It is one of Nature's lessons in the course of his travels to the goal of Self-Completion. He cannot disregard it forever. Inevitably, sooner or later, he must consider, study, and apply the lesson. Why not begin today?

It is only when the nurse learns to apply and practise this essential principle of Nature in her work of nursing that she is able to radiate a wholesome, constructive

atmosphere about her patients. It is only by performing all her duties, pleasant or unpleasant, easy or difficult, monotonous, entertaining, or interesting, in the spirit of true Cheerfulness that she proves worthy of greater responsibilities and opens the gateway to success.

It is by this cheerful compliance with duty that she attracts and wins the confidence of physicians, superintendents, patients and associates. By this attitude she gains the cheerful companionship of other souls, which tends to lighten her burdens and create sunshine in her sometimes monotonous life. This consistent spirit of Cheerfulness unlocks the door to success, opens wide the gateway and proves an open sesame to her ideals of life and of the profession.

We all must learn this lesson. Like all worthy attainments, it is difficult. It keeps us continually climbing a steep, rough and narrow road. But at the end of our difficult and up-grade pathway gleams a beautiful light which heralds success, individual achievement and self-unfoldment. Here Mother Nature envelops us in a mantle of Self-Satisfaction, Self-Content and Self-Respect, as a beautiful reward for temptation overcome and duty dully performed. She never fails to show due appreciation nor to give ample reward for all personal effort put forth.

This reward each individual has awaiting him when he has learned to fulfil his duties in the spirit of true Cheerfulness; for,

"No duty, however, is fully performed,
In a manner to help or to bless,
Till the soul that performs it is tempered and warmed
By the spirit of true *Cheerfulness*."

CHAPTER XX

Moral Laxity

Moral Laxity, as the term is used herein, means "Deviation from moral rectitude; state or quality of being morally lax, or loose; want of strictness or exactness." It applies to the deviation from one's own standards and ideals of morality.

Moral obliquity has proven itself a subtle, pertinacious and persistent temptation in the nursing profession. Its manifestation under the sobriquet of "frankness," "ingenuousness," "candor," and "naivete" has been so clever that it has come to be accepted by a good many women in the nursing profession as a legitimate right, privilege or prerogative of nurses in general. A large number of the devotees of the medical profession accept this Moral Remissness, or assumed "artlessness," as a heralding badge to be worn by members of the profession.

This remissness is, in truth, a heralding badge. Its heralding, however, is not of honor, self-respect and success, but of disgrace, dishonor and failure to its wearers. Its proclamation is of derogation and deprecation to the entire profession.

The nursing profession presents various causes for the moral looseness so often found among its members. These causes are ever present, but are no excuse for self-indulgence. For, if an individual will keep his consciousness alert and awake, and if he truly desires to hew to his

line of moral rectitude, he will consider the final result of these causes a temptation, and will avoid it.

The following are some of these underlying causes:

1. In the work of nursing frankness, openness and candor are supposedly essential to the welfare of the patient, to the success of the physician in fighting disease, to the good reputation of the hospital, and to the well-being and progress of the nurse herself. This candid straightforwardness of speech and manner usually is expected of a woman who has entered this field of work. In many cases it is demanded by the physician.

The effort to fulfil this demand often leads a nurse unconsciously to develop a habit of speaking and acting in the so-called "frank" manner under any and all circumstances. In her desire to be candid and open she often is led to speak of delicate matters in an obtuse, bald way which is shocking and often very offensive. She comes to believe it unnecessary to clothe these delicate subjects in such well-chosen language as to render them inoffensive to the most sensitive people. In her duty of frankness and conciseness she becomes coarse and repulsive. In her struggle for efficiency she begins to let down in her ideals of morality and moral conduct. She becomes lenient of this remission in her associates. *She tends to Moral Laxity.*

It is necessary and important at all times for a nurse to clothe her speech and manner with such delicacy as to render any talk and any act acceptable to any individual or to any group of individuals. The English language is well supplied with a large variety of words and synonyms which will enable any person—doctor or nurse—to speak of any natural physical function, or

equipment, in such manner as to be entirely wholesome, and practical, and acceptable. There are many methods and devious ways by which any examination, treatment or operation, can be performed as to render it unembarrassing and inoffensive to all concerned.

Any physician who deprecates this, claims it unnecessary, advises against "false modesty," or scoffs at delicacy, would do well to remember that he has much to learn before he will reach his goal of success. He has to learn that he never will gain the confidence, trust and respect of his patient, his attending nurses, his assistants or his associates, until he eliminates from himself the bald, blunt and distasteful manifestations of "perfectly natural things," whether in speech or in actions.

2. This assumed necessity for bald, straightforward, plain English words or actions, is so generally accepted by physicians and nurses in the realm of their work, and is apparently so well understood among them, that almost unconsciously a nurse reaches the point where she deems it unnecessary to speak or act otherwise. She ceases to exert any effort in manifesting modesty of speech or manner. In her estimation this becomes unnecessary. She becomes loose in her ideals of delicacy and modesty, and continues on in this way until she becomes morally lax in her speech and conduct. Almost unconsciously she begins to expect the same from others both in and out of the profession. *She leans toward Moral Remissness.*

If an individual must associate with, and live in the environment of, people who have become lax in their ideals and ideas of morality, this gives him absolutely no license, and neither does it become his privilege or pre-

rogative to lower himself to their level. It does not excuse him from conforming strictly and definitely to his own standards and ideals of the good and the beautiful. It does not release him from his obligation to live his own life according to his own best knowledge and ability. Neither does it exempt him from Personal Responsibility. In future this will not palliate the just punishment for violation of his own ideals and standards; for he must be able to maintain his own equilibrium at all times, and even "in the midst of a hostile environment." Because of association and environment he cannot deviate from the straight and narrow path of his ideals and standards without conjuring to himself a just punishment, severe discipline and poignant suffering.

3. The unavoidable necessity for grouping nurses together in the freedom and familiarity of home life very frequently leads to a loss of womanly modesty and dignified reserve among the nurses. The consciousness that a nurse lives among those of her own sex who are candid, frank, and cognizant of the "naturalness of the physical body," often prompts her to put aside "false modesty" and to be perfectly free and unhampered in her speech and manner in the nurse's home. She becomes accustomed to living with her associates who reciprocate her freedom and openness; and before she knows, she expects outside friends not only to understand and accept this freedom and familiarity but also to respond in like manner.

Her free and easy association with her fellow nurses is prone to break down her womanly reserve and natural modesty. Her assiduity in clinging to ideals of modesty begins to abate as a result. She is inclined to think she

has been too "persnickety;" that this is unnecessary when one understands "the naturalness of the physical body." She wonders what is the use. And forthwith *the foundation is laid for Moral Lenity.*

There is a certain amount of modesty and reserve inherent in every true woman. This normal amount of delicacy, chastity and reticence is the asset which makes of her a charming, womanly woman. It is her blessing and sacred gift from the Creator which makes her different and apart from men. It is her gift by natural right and should be held sacred by her under all circumstances and conditions. However familiar and close may be her surroundings and associations she never should allow this restraining wall of modesty and reserve to be broken down and trampled upon. This reticence and delicacy should be maintained always as her protecting partition between the coarse ribaldry of undue familiarity and the refined purity of her *sanctum sanctorum*. She should guard this wall with all the power of her being; for it is her sole protection against the entrance of coarseness, indelicacy, immodesty and uncleanness in her own private, inner Temple. She should strive ever to strengthen this barrier by clinging rigidly and pertinaciously to her ideals and standards of morality and moral conduct.

4. The mechanical, conventional work of nursing deals almost entirely with the physical body. The majority of nurses, particularly during their course of training, are taught only the art of caring for the *physical* body. Their work and study rest entirely on the plane of the physical, as the only realm to be considered.

Because of this fact a large number of nurses in train-

ing become rank materialists. They lose sight entirely of the higher aspect of life. They forget the spiritual and psychical planes of existence, and overlook the fact that the physical body is merely an instrument of the soul. They become half disgusted with life and all that goes to make up life.

This is a perfectly natural sequence; for existence on the purely physical plane, with no higher life in view, simply spells a void and a discouragement. Constant association and dealing with the physical body, with all its decay, disease and destruction, do not offer an encouraging outlook. It is almost inevitable that, without a higher spiritual view of life, one would fall into the attitude of disgust for the physical body. This disgust naturally would lead one to be somewhat lax in his speech and conduct. Many nurses find themselves disgusted with the physical; and without knowledge they manifest their disgust in coarse, undignified and unrefined language. *They fall a victim to Moral Laxity.*

It will serve every nurse well on her way to success if she will endeavor always to keep in her mind and soul the consciousness of a higher life. She will gain much comfort in her work if she will remember that the physical body is merely an instrument through which the individual soul and intelligence manifest on this physical plane of life. She will do well to establish the faith in a future, higher life on the spiritual plane where the soul can continue to unfold and develop its latent powers. These facts constantly kept in mind will enable her to nurse and care for the poor, diseased physical bodies of her fellowmen, without developing the sense of disgust; for she will realize that she is nursing the physical

instrument of an individual, intelligent and human soul. This higher ideal will lift and hold her far above the purely physical plane and will help her to cling closely and assiduously to her ideals and standards of morality and moral conduct.

These four causes lead to one effect—*Moral Laxity*—which is a temptation to be met and overcome by the principles of a *Wakeful Consciousness, Will and Self-Control*.

We might liken the individual to a piano. The strings of this musical instrument represent its different, individual tones. When each string is strung to its proper tension and held in this position the combination of tones produces and represents the harmony of the instrument. If even one of these strings becomes lax and is loosened below its proper tension immediately the tones become lowered, the harmony is destroyed and the result is discord and inharmony. The effect is displeasing to the listener.

The same holds true of the individual. He himself is the instrument. The strings of the instrument represent the different ideals and standards of the individual's life. When these strings are held in constructive tension they produce the harmony, euphony and beauty of his being. If any, or even one, of these strings becomes slack immediately this harmony and beauty are destroyed and we find discord and inharmony in his being. The result is annoying to his associates.

If we allow these strings, which represent our ideals of morality and conduct, to become lax immediately we destroy the harmony and beauty of our moral nature.

We become coarse, undesirable and inharmonious to those with whom we must associate.

In the face of temptation and at all times we must keep our moral strings normally taut, that the symphony of our beings may be harmonious, beautiful and inspiring to all with whom we come in contact.

There is a certain class of women in the nursing profession who look upon bald, frank candor as a legitimate privilege or prerogative of any woman who enters this field of work. These women develop the idea that such frankness and candor should be accepted by all people, both in and out of the profession. They think moral obliquity right and justifiable and take for granted that others will think likewise.

There is another class who use this sophistry of frankness and candor as a license for their own looseness of morals and conduct. These endeavor to expose their own true state of moral coarseness under the sobriquet of "professional straightforwardness." They hope to have their nonobservance of decency overlooked by the general public by feigning "purity of mind." They strive to worm along in society by holding as their maxim "Unto the pure all things are pure." But inevitably they fail; for their true inner coarseness and moral laxity inevitably are sensed and observed by the general public, and are abhorred and despised by it.

Again, there are women who use the assumed professional frankness as a tonic to their vanity. These women revel in attracting attention to themselves. Any methods or means are used by them to conjure flattery. They seek to shock society in any possible manner that it may turn its attention to them. Bald frankness,

vulgar language and crude manners are used as a possible way of attracting this attention. Under the guise of a nurse's *naivete* they indulge in this phase of moral laxity and thereby gain the desired attention of society.

Other women, usually those who are sincere and honest, in some way or other become advocates of this theory: The physical body and all its parts are but a scheme of Nature, and therefore, are perfectly natural. Since this is true, it is only natural that nurses, and in fact everybody, should speak of the body in a free and candid manner. Why should one not expose the body freely at any and all times? Why should it be necessary to resort to "false modesty?" These women become physical materialists, and by virtue of this subtle but specious reasoning they become vulgar, morally lax and undesirable, even though they are honest and sincere in their sophistry. Unconsciously they loosen their strings of harmony.

A certain few fool themselves by saying: "If one has high ideals and standards as the basis of living, this is all that is necessary. The outward manner or speech indicates nothing; therefore, I will speak and act as I please." These women simply lack nice discernment and sufficient refinement, and do themselves damage. They are *Morally Lax*.

Whatever the idea or form of reasoning, Moral Laxity manifested in the speech and manner of nurses, is derogatory to the nursing profession, and invites adverse public opinion and criticism, and is unwholesome.

An experience similar to the following illustration no doubt has been witnessed by almost every nurse who has graduated from a training school:

A female patient has been admitted to the hospital for a physical examination. Two physicians are admitted to the room, each to make his examination and to give his diagnosis of the case. The patient previously has been draped and prepared by the nurse for the examination.

The first physician is of the unrefined type who believes in the "naturalness of the physical body," and abhors "false modesty." After sufficient preparation he advances to the patient, tears away the draping, exposes her entirely to the view of all present, and proceeds with his work, oblivious to the woman's embarrassment. In plain, bald language he describes the condition to all present, and states his diagnosis, treatment and prognosis. He steps aside in a crude and self-important manner, leaving the exposed patient in a state of mental disturbance which aggravates her physical condition, and in an attitude of disgust toward the doctor. Following this experience she continues to think of this physician as an unrefined, a vain and disgusting man, not worthy to bear the noble name of physician.

The second doctor, a refined, careful, considerate and clean-minded man, proceeds with his examination. He asks the nurse to redrape the patient carefully, and assures the latter, in gentle tones, that she has nothing to fear. The examination is completed without the slightest embarrassment to the patient or to the assisting nurse. After covering the patient the physician steps aside and states in quiet, refined and well-chosen language his version of the condition, its treatment and prognosis. The patient's mind is unruffled, save from

the effects of the previous examination, and she has in her soul a deep sense of gratitude and respect for her second examiner. She judges him a gentleman and feels confidence not only in his knowledge but in his purity of mind and his considerateness in embarrassing situations. Her mind is in a wholesome, constructive attitude which is conducive to health.

If this little woman had been unfortunate in her experience, by having both examiners of this cold, bald and unrefined type, without a doubt her estimate of the medical profession, as well as of the individuals, would have been most undesirable and derogatory.

This same illustration applies to nurses. The crude, inconsiderate, vulgar and thoughtless nurse who is an advocate of the "naturalness" theory, inevitably produces an injurious effect upon the refined, delicate patient. She not only hampers the welfare of the patient, but casts a reflection upon herself and upon the profession. On the other hand, the refined, modest and considerate nurse produces a constructive, wholesome attitude of mind in her patient, and establishes in her mind a high and worthy estimate of the nursing profession.

This considerate thoughtfulness, modesty and refinement are well worth the effort of any and all nurses for their own welfare and success, as well as for the welfare and success of their profession. Every nurse should bear this in mind and exemplify it.

One of the great difficulties of nurses is their failure to differentiate between the ethics and conventions of their chosen profession and those of outside society in general. They lack discernment in keeping professional problems and ethics within the boundaries of the pro-

fession, and *vice versa*. They fail to discern the line of demarcation between the profession and society. In other words, they intermingle their professional lives too closely with their lives in society.

This is a grave mistake. For, the conventions of society are far more rigid, exacting and exclusive than are those of the profession. The free, frank and candid speech and manner of the professional life and association are sure to be misunderstood, criticized and excluded from the life and association of society. The ethics and conventions of the profession are certain to be tabooed by society.

To insure success to herself and her profession a nurse must be thoughtful and considerate of the conventions of the general public. She must make herself acceptable to society by applying herself to the exemplification of its conventions. If she is to prove herself a success in her work and a helper to her fellowmen she must render herself desirable to all classes and types of people by adapting herself wholeheartedly to their conditions and circumstances of life.

For these reasons every nurse must keep constantly in mind the dividing line between the profession and society, if she wishes to succeed in her work. Either she must play two parts, by continuing her frank, bald candor in the profession and relegating this to the background when in society, or she must conduct herself always in a refined, womanly manner in her professional work, as well as in her society association. No person can play a dual part for any length of time without being discovered in his deception. No nurse can conduct herself in her dual rôle of professional crudeness

and society refinement without, sooner or later, being discovered and disgraced. Because of this fact, it is far wiser and safer for a woman in the nursing profession to practise nicety, refinement and culture in her everyday life and work, that she may be equipped gracefully to do likewise when associating with the general public.

The ability to take her place in society gracefully, wholeheartedly and unobtrusively, is a valuable asset to a nurse in her work. Her dignified, womanly self-possession at all times, in society and out of it, is a potent factor in gaining the good will, respect and confidence of the general public, the physicians, patients and associates. It is highly conducive to success in her chosen field of work.

Society and profession cannot be intermingled successfully. It is largely because of this lack of discernment on the part of physicians and nurses that the medical profession and all its helpers have been so severely criticised and so harshly judged by the general public in the past. It has been this *Moral Laxity* which has brought down derogation upon a worthy and noble work.

Within the past year—1917—the United States Government has made a scientific investigation to determine “the occupations most hazardous to women’s spiritual welfare, and the causes for their downfall.” The following is quoted from the investigating committee’s report:

“The investigators discovered from their investigations that the five most hazardous occupations, in the order of their danger, are (1) domestic service, (2) work of hotel or restaurant waitress, (3) low-grade factory trades, (4) *trained nursing*, (5) stenographic positions.”

It continues: "In the government's inquiry into the moral hazards of various women's occupations, it was with surprise they found that of the *trained nurse* to be fourth dangerous in the list. A profession which demands such self-sacrifice, which enforces long hours of the hardest, most nerve-racking work, and which calls into play the noblest and highest motives, would not seem to be a soil in which the seed of evil could flourish."

Why is this? What are the underlying causes?

One principal and underlying cause is this: Moral Laxity is such a common fault among the members of the nursing profession that it has come to be misunderstood, among a certain class of men of the world, for true moral weakness on the part of the nurses. It has been taken advantage of on this score. These men have come to look upon all nurses as morally lax, and endeavor to break down any reserve on the part of a nurse, by various means. A nurse, subject to these various, insidious temptations, is very liable to let down morally, unless she is positive and decisive in hewing to her ideals of morality. One break-down paves the way for subsequent ones. As a result, the tempter finds his judgment has been correct.

Moral Laxity is one of the essential reasons why the government, in its investigations, has found the work of nursing to be fourth on the list of hazardous occupations.

The altruistic nurse who desires to help her fellow-men and to serve humanity, must exemplify, at all times, a high and lofty standard of morality, which may shine as a beacon light to all with whom she comes in contact. The sincere nurse who desires to develop and

unfold her own soul powers must cleave diligently to her own ideas and ideals of morality in speech and manner. The conscientious and ambitious nurse who hopes to travel the road to success, must keep solid and strong her natural, protecting barrier of reserve and modesty, at all times and under all conditions. The womanly nurse who strives to be a credit and a living monument to her worthy and laudable profession, as well as to her noble sex, must hew assiduously to the line of morality and moral conduct in her everyday life and in all her dealings with her fellowmen.

In other words, the altruistic, sincere, conscientious, and womanly nurse must keep the musical strings of her moral life and conduct taut and in high pitch, that the symphony of her life may be harmonious and melodious, beautiful and inspiring, to herself and all her associates in the profession and out of it. It is her *Personal Responsibility* to keep herself harmoniously attuned with the Constructive Principle of Nature in Individual Life.

The *Wakeful Consciousness*, the *Will* and *Self-Control* are the instruments of her tuning outfit. Her process is the rational, voluntary, intelligent and purposeful *direction and control* of these instruments.

The results of all her tuning are a never-ending and an ever-increasing joy and satisfaction; for,

“Nature never did betray the heart that loved her; for it is her privilege, through all the years of this our earthly life, to lead from joy to joy.”

CHAPTER XXI

Vanity

Who among us, even in the nursing profession, is free from Vanity—either Personal or Intellectual? “Let him who is without sin cast the first stone.”

“*Personal Vanity* is self-admiration of personal appearance. It is undue admiration of one’s form, figure, face, dress, decoration, ornamentation, personal possessions and material belongings. It stimulates in us the craving desire for the admiration, the homage and the applause of others as to our personal appearance.”

“*Intellectual Vanity* is unjustifiable admiration of one’s own intelligence or intellectual attainments. It impels us to seek the admiration and the applause of others as to our intellectual brilliancy, wit, humor, knowledge, judgment and intellectual superiority over others.”

The above definitions, when studied and applied, will give any individual ample subject for thought and self-analysis in answer to the above question.

Vanity is a universal temptation to both men and women. While it is true that the *majority of men* suffer from *Intellectual Vanity*, and the *majority of women* are victims of *Personal Vanity*, still it is not infrequent that we find the deepest personal vanity in men, and *vice versa*. This is not a fixed rule. Both kinds of Vanity are a temptation to both sexes. The general impulse back of it is for the admiration and applause of our

associates, and of the public. We are all, in more or less degree, victims of the temptation.

Vanity expresses itself in many forms. The following are some of these:

Self-Consciousness, self-conceit, self-praise, self-glorification, self-complacency, self-sufficiency, self-admiration, self-love and egotism.

It manifests outwardly in arrogance, haughtiness, disdain, arbitrariness, impertinence, boastfulness, superciliousness, imperiousness, audacity and dogmatism.

Vanity, in any and all of its forms, is an expression of the most extreme Selfishness. This phase of Selfishness will be gratified regardless of anybody and anything. This kind of Selfishness, back of Vanity, leaves no room for thoughtful consideration of others. It is all for its *own* glorification, pleasure and gain.

Vanity, in any of its phases, leads first to Greed and Selfishness, then to Dishonesty and Immorality. The deeply vain person desires first admiration and applause. He longs for anything which will please his Vanity and supply admiration, flattery and commendation. He becomes Greedy. He then submits to dishonest or immoral means and methods to gratify his Greed. He travels the downward road to the North from Vanity to Selfishness, from Selfishness to Greed, from Greed to Dishonesty and from Dishonesty to Immorality—all for the purpose of acquiring food for his Vanity.

One writer says: "Vanity, Selfishness, Greed, Dishonesty, Immorality. That tells the entire story in all its simplicity."

Because Vanity involves Selfishness, Greed, Dishonesty and Immorality—all of which are destructive

to individual life and success—it is destructive in the deepest sense, and should be eliminated from the character of every conscientious soul. It is destructive to individual unfoldment and development, and it is destructive to any work with which the vain one is associated. For this reason Vanity should be eliminated from the nurse's character that it may save her, as well as her profession, criticism, harsh judgment and ultimate failure.

Personal Vanity, when found in the nursing profession, disqualifies and incapacitates a nurse for successful, conscientious work, because Vanity absorbs her attention and causes neglect of duty. It leads her to Procrastination and Indolence. To a greater or lesser degree, it relegates her *work* to the background. It renders her duties incomplete because of diversified attention—for no duty or task is completely accomplished unless full and undivided attention is given to it. Her heart, soul and mind are diverted constantly by thoughts of *Self*, and therefore only half her interest is in her work while the other half, consciously or unconsciously, is off seeking admiration. Her attention is divided; her work is incomplete; therefore, she is unsuccessful as a nurse.

Perhaps the most common manifestations of Intellectual Vanity among nurses are Dogmatism and Domination. It is Vanity which prompts nurses to be dogmatic in making presumptuous, authoritative and arrogant statements concerning the work which are not based on facts, but on their opinions and ideas. It is Vanity which leads them to dominate over their patients, junior nurses and inferior help. It is this Vanity which impels them to resent criticism of any kind from any

body. It is likewise Vanity which incites them to refuse any and all suggestions, whether helpful or otherwise, from their inferiors.

No person has the moral right to dogmatize, in speech or manner, to any individual on any subject. It is uncomplimentary, and betrays Intellectual Vanity. It invites resentment and ridicule, and repels confidence and respect. It calls forth destructive impulses in associates and creates an inharmonious atmosphere in the surroundings.

This applies to the dogmatic nurse, as well as to all other dogmatists.

The domineering nurse who wields her bludgeon of authority over the heads of her patients, junior nurses, or other help under her charge, invites only resentment, contempt, disrespect and antipathy. Her unkind methods of domination lead only to barriers of obstinacy, stubbornness and anger. Her lack of politeness and civility leads her into dark and deep pitfalls.

Authority increases responsibility. A nurse's authority increases her responsibilities and opportunities to help and serve her inferiors or associates. It gives her no licence to dominate those under her charge. If she misuses her opportunities and responsibilities she violates the *Law of Right Use*, and subjects herself to the just and inevitable punishment resulting from such violation. She invites the humiliation of forfeiting the good will, kind thoughts and loving confidences of her associates and patients, and invokes their deepest contempt, their caustic resentment and their profound disrespect.

The nurse who resents the kind criticism of her pro-

fessional superiors, or even inferiors, brands herself a victim of Intellectual Vanity. She indicates that she holds herself above any fault which permits of criticism. She manifests her high and mighty regard of *Self*.

This type of nurse inevitably will suffer much humiliation on her way to success, for she will not only receive double criticism, but will be ridiculed and held in disgust by her superiors, and shunned by her inferiors. She will have a long and strenuous road ahead of her until she learns to control this phase of her Intellectual Vanity.

The nurse who refuses and prohibits suggestions from her patients, junior nurses, or, in fact, any so-called inferiors, proves herself a selfish, ignorant and vain person. She is ignorant because she does not recognize, or admit, that many helpful and valuable suggestions may be received from those who are one's intellectual and professional inferiors. She is selfish because she will not come out of her shell of Egotism sufficiently to appreciate the kind spirit which prompted the suggestion, and does not credit nor encourage the thoughtfulness and generosity of her fellowman. She is vain inasmuch as she feels herself too superior in her "deep knowledge" to accept any suggestions from inferiors.

Such nurse, if ever she accomplishes her ultimate aim, never will reach her goal of success without incurring the enmity of her many so-called inferiors. Their unkind, unwholesome and resentful thoughts will follow her and often will act as formidable barriers on the pathway to attainment. Their contempt and criticism will maintain for years as a dark cloud o'ershadowing her otherwise bright journey to success. If ever she reaches

her goal she will not be content, for always her soul will be hampered by the consciousness of her selfishness, and of the enemies she has made. This remembrance will follow her through all the years of her work—"It is not only a question of getting a thing, but the *way* in which you get it and the *impressions* you leave after getting it, which bring contentment and peace of soul."

Vanity, personal or intellectual, in all its forms and phases, proves destructive. Whatever its manifestation, it invites criticism, ridicule, contempt, resentment, disrespect and lack of confidence—all of which stand in the way of service. These results inevitably prove themselves barriers to content of soul and success in work and lead to ultimate Unhappiness and Failure!

Is Vanity worth while? Is it constructive?

In the field of nursing where Vanity is so undesirable, it will behoove every nurse to analyze herself carefully for traces of this temptation. It will serve her well if she will determine to eliminate these traces from her soul before they lead her along "paths that are devious and ways that are vain." If she will strive earnestly and conscientiously to overcome the destructive agent in herself she may avoid many humiliating barriers and stumbling blocks on her journey which might otherwise prove troublesome and formidable.

Instead of being dogmatic in her speech and manner, if the nurse will be gentle, kind and persuasive in her statements and actions, she will save herself many embarrassments and will invite the friendship of her associates. If she will be kind but firm rather than harsh and domineering in her dealings with her helpers and patients, she will gain their esteem, love and confi-

dence, and possible opportunities for service. If she will accept all kind criticisms in a graceful, dignified and receptive spirit of appreciation she will demand not only the respect of her criticizers, but will be better equipped to improve herself and her work by virtue of her self-knowledge. If she will accept all suggestions from her superiors and inferiors, in and out of the work, she will prove herself a broad, unselfish and humble soul and will profit by acquiring added experience and knowledge. A bootblack has been known to impart knowledge to a king.

Vanity can be eliminated from one's character by *Self-Analysis*, the *Wakeful Consciousness*, the exercise of *Will*, the exemplification of *Humility*—the kind of Humility which means due appreciation of one's abilities, advantages and limitations without ostentation—and the assiduous practice of rigid *Self-Control*.

Vanity is destructive. It is the essence of Selfishness. It is "Psychological Poison." It must be overcome!!!

CHAPTER XXII

Fear

Fear is "*Psychological Refrigeration.*" Its results are destructive. Its only remedy is Self-Control.

The most intense manifestations of Fear are fright, dread, terror, horror, dismay, alarm, anxiety and consternation.

Its minor phases and forms are despondency, diffidence, suspicion, bashfulness, apprehension and timidity.

All are forms of Fear; each, in its own way, causes destruction. Each results in nervous disorder and psychological paralysis. The intense phases produce immediate destructive results of nervous and mental paralysis, and often physical death. The minor degrees work more slowly in their tearing down, but inevitably result in the same destruction and havoc. In any of its forms Fear is a destructive force and process.

Any force, process, or emotion which shocks the physical organism may cause a temporary, suspended animation, or even sudden death. The process of freezing the physical body, for instance, causes paralysis of the nervous system, disorganization and disintegration of the tissues and cells. It prevents functioning in the frozen parts. It suspends animation in such parts. Often it causes physical death. It is destructive to the physical organism.

In the same manner any force, process or emotion

which shocks the mind or soul may cause a temporary suspension in that part, or even death.

It has been discovered by modern psychologists that Fear is a process analogous to that of freezing. Its effect on the psychic nature is like that of freezing. Its results are paralysis, disorganization and disintegration. For this reason it has been designated "*Psychological Refrigeration*." It is destructive to the psychic organism.

There is probably no person who, at some time or other in his life, has not experienced the results of an intense fear. If he will recall the experience he will remember that his nerves seemed paralyzed; that his body seemed numb and chilled; the will-power seemed suspended; the mind refused to work and the soul itself seemed dead; for he had no consciousness or internal feeling. In short, he seemed paralyzed. Then following the experience, when the paralysis had worn off, he was left in a state of turmoil, unrest and "nerves."

If he will remember, the fright rendered him incapable of rational thought or act. It hindered him in his effort to protect himself from the object of his fear. His physical numbness proved a stumbling-block to him if he had been capable of rational thought. His Will was suspended—he had no mental force. He was exposed to the object of his danger and fear, and was unable to help himself. The after-effects resulted in an enormous discharge of vital energy and force which was entirely wasted, for they accomplished nothing. The condition of his nerves consumed energy. His turmoil and unrest destroyed concentration of power.

If, in the very inception of his fear, the impulse had been controlled, he would have avoided all the paralysis,

the temporary suspension, and the undesirable after-effects. He would, or could, have converted his energies and powers, his mind, soul and physical body, into the work of overcoming, avoiding, or mastering the object of his fear. He might have transmuted a destructive impulse into a constructive force, and thereby strengthened his powers of resistance and self-control for similar future experiences. He would have put forth an effort in harmony with the work of Evolutionary Unfoldment and Spiritual Growth. He would have maintained a constructive attitude of soul.

The story of Daniel in the lion's den illustrates the wonderful potency of Self-Control in the time of danger. We all of us probably remember the story of how Daniel was cast into the den of lions to be devoured; and how, following a few moments of quiet, the lions cowed down, leaving Daniel unhurt.

Daniel apparently was a man who understood the power of his Self-Control and Will. When he entered the den we are told his complete self-possession was a marvel to the spectators. He entered erect, calm and composed. He showed not the least sign of fear, and maintained absolute control over his mental faculties, his nervous system and his physical organism. His hands were tied, but his mind and soul were free. The impulse of fear was not allowed by him to cause paralysis or suspension. He transmuted the impulse into a constructive effort to convey to the wild animals that he was their friend and master, and unafraid. With perfect Self-Control he stood gazing at them, conveying to them, through his Will, his power over them. All wild animals are noted for their astute psychic sense.

Through this sense the animals realized the man's mastery and potency over them, and stood aghast, in awe of him. They cowed down with no attempt at devouring him. He stood unattacked and unhurt.

This incident proved the mastery of perfect Self-Control in overcoming danger.

We all of us have within ourselves this same strong power of Self-Control with which to protect ourselves in time of danger. It is our duty to use this potency in strengthening our souls and continuing along the constructive path of life. We all have within us the ability and power to become like unto Daniel.

Let us suppose at this point, for the sake of illustration, that one of our sister nurses is sent out on her first private-duty case. It is one of double pneumonia, of two days' duration.

On the way to her destination our nurse is in a state of half fear, due to her timidity in the field of private work. She is unaccustomed to nursing in private homes with all their inconveniences. She anticipates difficulties and embarrassments. She wonders what sort of people the family are, and what kind of a patient she is to have in her charge. She "quakes" in anticipation of meeting them. She dreads the ordeal.

When she reaches the home she is worked up to a state of timidity, apprehension and dread. In her indulgence of these she wastes energy, which renders her an easier victim to her fear. She meets the patient and family. Because of her disturbed mental state, she manifests a self-conscious, perturbed condition which is misunderstood by the people and produces an ill effect upon them. In the beginning she hampers herself. She radiates an

atmosphere which is destructive to herself and to her patient.

She enters the sick-room and takes up her various duties. Externally she appears composed and capable; her work is accomplished. Internally, however, dismay, apprehension and anxiety are rampant, and are eating away at her mind and soul in anticipation of the crisis. As the days pass, gradually growing nearer to the ninth, tenth or eleventh when the crisis is expected, her dread, solicitude and alarm increase until her fear begins to manifest itself in restlessness, overzealousness and tenseness in her work. She indulges in minor, unnecessary details of work to allay restlessness. She fidgets and fusses over her patient overzealously and holds herself tense in anticipation of "what might happen." She wastes an enormous amount of time and energy which should be stored up for the emergency, and succeeds only in tiring and disturbing her patient.

This condition of mind continues for almost ten days during which time she becomes tired and careworn, physically and mentally. She wastes energy in wishing the crisis were over, or that she were away from the situation. She expends vitality which should be used by her in blocking out her course of action for the emergency.

Suddenly, on the tenth night following her arrival, the nurse discovers to her utmost horror, dismay and terror that her patient's temperature has dropped to sub-normal. She notes that he is extremely weak, and that his body is cold. She realizes in a flash that his crisis is on. The thought overwhelms her with Fear. She becomes paralyzed physically and mentally. She feels chilled. Her mind refuses to work. She can't think

what to do. She can't remember the treatment for such emergency. Her fright incapacitates her for activity. She remains paralyzed and horror-stricken, unable to accomplish anything definite at the propitious time.

Meanwhile, her patient is in the midst of his crisis, and is without help from his nurse who is at his bedside for that express purpose. He is running the risk of passing out of earth life because of his nurse's inactivity. He is suffering neglect at the hands of his nurse solely because she is paralyzed with *Fear!*

Perhaps the patient passes safely through his crisis in spite of the nurse. Perhaps he passes into "that undiscovered country from whose bourne no traveler returns." In either case, he has been neglected and his life endangered because of the lack of Self-Control on the part of his nurse.

Perhaps, through the grace of her Creator, or some good Friend, the nurse becomes thawed out from her condition before the consummation of the crisis. She emerges from her state of suspended animation. Her mind begins to act, and she gets ideas of what ought to be done. She endeavors to accomplish the propitious duties. However, her physical and mental organisms are so completely worn out and depleted from the loss of vitality due to past fear that she is handicapped and unable to perform her duties in a prompt and facile manner. She goes about gropingly; she blunders; she spills medicines and water; she bumps everything within her reach. She wastes time and energy in awkwardness and blind carelessness.

If the patient becomes conscious he immediately notes

and senses her consternation and perturbation. He finds himself deprived of that calm, quiet assurance and encouragement which mean so much to a patient emerging from such a chasm. He fails to receive the kindly and appropriate help which is so important at this time, and which only the nurse can give. He is deprived of his legitimate rights and services!

If the patient passes over the Great Divide our nurse finds herself more horror-stricken than ever. The family come to her for strength, comfort and sympathy. They look to her as a tower of fortitude and composure. They expect in her an example of self-possession, self-control, courage and strength. They hope to find in her a precedent during the hour of their trial. The nurse realizes this, and also is deeply aware of her failure to fulfil her responsibility to them. This causes greater perturbation. She feels herself incapacitated to fill her place as comforter and helper to the family in this time of suffering. She finds herself unsuccessful in her work as a nurse and as a comforter because of her Fear and lack of Self-Control! Within herself, she realizes that she is a failure!

In this case Fear, in its many forms and phases, has been the sole cause of the nurse's failure. She possessed the knowledge and ability successfully to perform her necessary duties and to fulfil her responsibilities to her patient; but she lacked the Self-Control to overcome her Fear and fell a victim to its undesirable and destructive results. She succumbed to the temptation of *Fear*. Because of it, she endangered her patient's life, incapacitated herself, weakened her powers of resistance, opened the way for future temptations, and proved her-

self a failure in the time of trial, and left with the family a deep impression of her immaturity and incapability.

Deep down within her own soul she would have to recognize herself a failure, whether others knew the cause of it, or not. If she were honest she would have to admit herself a disgrace and a stumbling-block to the profession and to her own sex. And she would have to realize that her Fear and her failure to control that Fear were the underlying causes of her failure and disgrace!

Fear is destructive. Its results are grave to its victims.

How frequently we find nurses failing in hospital or State Board examinations as a result of Fear! Their minds become paralyzed by terror and consternation at sight of the various questions, and this renders them unable to think clearly, or to reason logically. Their mentality becomes dull. They don't know the answers by heart, and they can't think, or reason them out. Their examinations consequently prove unsatisfactory. They are judged by the results of their work. Their training schools are judged by the results of their students' work. The results are poor. Therefore, the individuals themselves and their training schools are adjudged failures and are deprived of their truly just merits.

Their Fear does them and their training school an injustice. Their lack of Self-Control causes their downfall. They hamper themselves, disgrace their school, and lower the standard of the profession, all because of their indulgence of the temptation of *Fear!*

Friends, the results of Fear are not worth the energy Fear expends.

One of the common failures among women in general is their tendency to Worry and Despondency. It would seem that this becomes a habit with a large number of women; and the habit is indulged with as much gratification and unconscious satisfaction as are Gossip, Criticism, and Self-Pity. They become forms of *Self-Indulgence*.

Worry and Despondency cause inevitable havoc, just as any other form of Fear brings destructive results. They disturb the quiet beauty of the individual's soul, expend energy, encourage morbidness, incapacitate her for any clear mental work, and any satisfactory physical effort; and constitute her an unwholesome element among people. They cause her to grow old physically and mentally. They submerge the admirable qualities of cheerfulness and courage, which make of her a strong, wholesome woman. They become a loadstone around her neck in her upgrade journey to Health, Individual Unfoldment and Happiness. They lead to Bondage, Retrogression and Unhappiness!

Worry and Despondency are forms of Fear. They are destructive!

It is the personal responsibility of every individual to unfold, develop and use his latent and inherent powers of soul. Whatever tends to deflect him from this responsibility is destructive, if indulged.

Self-Control is one of these inherent powers of soul which it is our Personal Responsibility to unfold and use. Fear is a temptation which is prone to deflect us from the discharge of this responsibility. Therefore, Fear is a destructive factor which must not be indulged.

What is *Personal Responsibility*?

It is the moral obligation fixed by Nature, or God, or the Great Over-Ruling Intelligence (call it what you may) upon every living soul *to live his (or her) own life according to his (or her) own individual standards of Equity, Justice and Right.*

What is the *basis of Personal Responsibility?*

The ability to exercise an independent, self-conscious and rational Will or Volition.

Every individual has been given a definite duty, or obligation, to erect his own ideals and standards of Equity, Justice and Right, to the best of his own knowledge at any given time. He also has been obliged to conform his life to these standards and ideals *at all times*, to the best of his knowledge and abilities, and regardless of all other human beings. This is his *Personal Responsibility* fixed by *Nature*.

This obligation of Personal Responsibility depends upon the individual's ability at all times to exercise a Will which is unaided and uninfluenced, knowing and intentional, and anticipating the results—an independent, self-conscious and rational Will or Volition.

This Personal Responsibility, fixed upon each of us by Nature at the time of our creation, points out to each individual a long and narrow path beset with many "lions on the way."

Fear is one of these numerous "lions" on the way "seeking whom it may devour." It is for us to decide whether this lion shall "devour" us as we travel along our way, or whether we shall become its master and control it.

While Nature may seem to have been stern, rigid and unkind in fixing upon us this strenuous obligation and this

difficult road beset with so many dangers; yet, upon deeper reflection we will find that Mother Nature ever is wise, just and beneficent in dealing with her children. For at the same time did she not give us sufficient tools and safeguards for taking us safely over the rocky, rough, and dangerous trail? Has she not given us a Consciousness and a Will, our tools that enable us to *know* and to *do*—if we but have the desire? Has she not given us an independent and individual Choice, to decide and determine our way to go? Does she not amply reward us for the effort put forth and the progress made?

It is true Mother Nature established the “lions” of destruction on the way to our goal. But it is just as true that she presents us our tools and weapons for overcoming these lions. And moreover it is true that she expects us to, and holds us accountable for, rightly using these instruments and safeguards.

Fear is one of the “Lions on the Way.”

Self-Control is the potent remedy for subduing that lion.

As Daniel, by the power of his Self-Control, met and overcame the lions in the den, so must we, by the power of our Self-Control, meet and overcome the “lions on our way”—the temptations on our road to Self-Completion and ultimate Happiness.

CHAPTER XXIII

Disloyalty

Loyalty is unwavering fidelity to one's own standards and ideals of the great principle of Right in its relation

1. To any work or Cause with which he may be associated.

2. To his fellowmen.

3. To himself as an Individual Intelligence.

Disloyalty is violation or betrayal of this kind and degree of fidelity and allegiance. It is a temptation common to all mankind, and no less so to the members of the nursing profession. It is a destructive agent and is requited only by discontent, unhappiness and failure.

1. When an individual associates himself with any work, or cause, immediately he obligates himself to loyalty. He fixes upon himself the responsibility of fidelity and allegiance to the Cause, or Work, to the best of his knowledge and ability, at all times. Each individual must have his own high ideals and standards of the great principle of Right, and must apply these in their relation to the Work, or Cause, or Movement, with which he may be associated, at all times and under all circumstances.

His relation to any Work or Cause demands that he give the best of his time, attention, energy, intelligence and ability to it, as far as conditions will permit. It elicits his help at all times for the good of the institution and to defend it against damage of any kind, and even,

if necessary, with his life. It calls for the best there is in him; and because of his association with it, it becomes his responsibility to answer the call.

The woman who enters the training school to qualify as a nurse immediately obligates herself to absolute loyalty to the hospital and to the nursing profession. She assumes an obligation of allegiance and fealty to the institution of nursing, according to the best of her knowledge and in conformance with her standard of the principle of Right.

Her relation to this work and to the profession demands that she devote adequate time, full attention, efficient energy, and the best of her intelligence and ability to the obligation she has assumed. During her working hours, her entire life, interest and intelligence should be directed to the fulfilment of her duties. It fixes upon her the responsibility at all times to protect the work, the institution and the profession against damage, adverse criticism, or derogatory influence. It establishes her duty to strive to improve conditions and to better the general work. It lays her liable even to give her life for it, if necessity demands. In truth, it elicits the acme of her energy, intelligence and personal effort.

If a nurse finds herself in a group of people whose pleasure it seems to be to cast innuendoes on her training school, or adversely to criticize the nursing profession, her Loyalty should prompt her to refute the statements and endeavor kindly and wisely to prove their falsity. She should have sufficient moral courage to stand by her school and profession, and thus prove her Loyalty to them.

If she sits back and, because of lack of moral courage, allows these criticisms or insinuations to pass unchallenged, she then proves disloyal to the hospital and profession, brands herself a coward and is unworthy of her place in the work. She fails to exemplify Loyalty, and therefore is a detriment, instead of a help, to the profession and to the hospital, and deserves no place in them.

Suppose, for example, that a nurse is called upon to care for a highly contagious case. She realizes the disease is easily contracted by one closely associated with it. She understands that her acceptance of the case exposes her to grave danger, and perhaps to the loss of her own life. She knows also that the immediate care of a nurse is essential to the welfare of the patient.

What is her responsibility in such case? To accept the case immediately.

What *motive* should impel her to accept it? Her *Loyalty* to the work, to the hospital and to the profession; for Loyalty demands that she must at all times work for the betterment and success of the institution of which she is a representative.

In accepting such case she fulfils the requirements of such Loyalty. She jeopardizes her life for the Cause, that its reputation and general standard may be maintained and elevated. She proves the nobility and altruism of one of its members, that all may be highly regarded by the public. She proves a blessing and a help to the training school and work by manifesting herself a woman worthy of its teachings and honors.

If the nurse followed her own selfish impulse to reject the case in order to protect her own life she would be an

unquestioned victim of Disloyalty. She would violate allegiance and fidelity to the Cause with which she is associated. She would invite and stimulate adverse criticism of the profession, her training school and of the work itself in the minds of those connected with the case. She would be a detriment, a hindrance and a disgrace to the nursing profession.

Disloyalty is unworthy of any conscientious nurse who seeks success and service. The duty of every nurse is to school herself rigidly in the exemplification of Loyalty to her chosen profession, to the work of nursing, and to the institution of her training.

2. An individual owes Loyalty to his associates. It is his duty to be frank, honest, sincere and above-board with them. It is his responsibility to serve them at all times, in any possible way, and even at the risk of losing their friendship. It is his obligation to stand by them, to defend them, to fight for them, and even to die for them, if circumstance demands. It is part of his liability to exemplify fidelity and allegiance to his own standards and ideals of the principle of Right in its relation to them.

This applies as well to the nurse as to other individuals. She must prove loyal to the patient, to the physician, to the superintendent of her school, to her fellow nurses and to all her fellowmen with whom she comes in contact.

Loyalty eliminates Criticism. She must not criticize, nor discuss with others, the faults, failures or idiosyncrasies of her associates behind their backs. If she is conscious of a fellow nurse's difficulties and believes these difficulties are proving harmful and destructive, to either the person herself or others, she must not resort

to criticism or discussion with a third person, but must go direct to the fellow nurse and lay the matter before her in a kind and gentle manner. She must endeavor to explain the situation and conditions as they appear to her. She must be frank, sincere and honest with the individual; and if she makes clear the fact that she comes in a spirit of loyalty, helpfulness and friendship, as well as good will, in the majority of cases her frankness will be accepted in the same friendly spirit. Each nurse must remember that anything but this exemplification is Disloyalty. And she must bear in mind that Criticism is Disloyalty.

If a nurse observes that one of her associates is conveying a wrong or derogatory impression to others through some manner of thought, speech, or conduct of life, it becomes her duty of Loyalty to go direct to that associate and tell her of the impression she is making, even at the risk of losing her friendship. She owes it to the associate to call her attention to the derogatory impression. If the associate is broad, generous and conscientious she will be grateful for this act of kindness and loyalty. If she is of the narrow, selfish, vain and cowardly type of womanhood she will resent the act. But even if the latter is true, this kind of Loyalty must be exemplified; the nurse must sacrifice the friendship for the good of her associate. The rebuff cannot harm the nurse; it should tend to elevate her self-respect, because she will be conscious of duty performed and service fulfilled. She will know that she has exemplified Loyalty. Under no circumstances, however, should the nurse discuss the subject with a *third* person until *after* she has been to the person directly concerned, and

not even then unless she believes—after due consideration—that good may be accomplished by so doing.

An example: A junior nurse may observe that her senior nurse has fallen into what appears to be a spirit of domination over her patients. She notes that the impression being made by the senior is creating criticism and resentment among her patients. She realizes that this condition is not a constructive one.

She also realizes that if she withholds the knowledge from her senior—or tells it to a third person—she is lacking in allegiance to her. Or, in other words, she is manifesting Disloyalty. She is not sure just how the older nurse will receive her if she goes to her. Yet, her Loyalty impels her to take the step.

She goes to the senior nurse in a spirit of good will, friendliness and helpfulness. She paves the way by explaining that she comes in the spirit of Loyalty and service, and with the desire to prove her friendship. She tells her senior of the impression she is making among her patients. She recites examples and illustrations and makes clear to the senior that she alone is responsible for the impression.

Perhaps the act is accepted in the same kindly spirit in which it was performed; or perhaps it is resented and a beautiful friendship destroyed. Whatever the outcome the junior nurse merits her own self-respect for the exemplification of Loyalty and the fulfilment of duty.

If, after this experience, the junior nurse observes that she has not been of help to her senior, and that the wrong impression continues to be made on the patients, then she is justified in taking a third person into her

confidence for the purpose of receiving help. After consideration she may come to the conclusion that the superintendent might be of service in the solution of the problem; or, perhaps, the personal friend of the unfortunate nurse. If she believes this to be true, then she is not violating Loyalty by going to either of these. But she *must not* go to others. Insofar as she does she proves Disloyal. It is only after a consultation with the senior herself, and a recognition of her abortive effort, that she is justified in taking another into her confidence.

This is the exemplification of Loyalty to one's fellowmen.

The loyalty of a nurse should impel her always to champion the lives and characters of her fellowmen in their absence. When she hears derogatory or critical remarks concerning her superintendent, physician, patient or fellow nurse, she should deem it a responsibility, as well as a privilege, to refute the statements and discourage their continuance. She must have the moral courage to stand by her fellowmen and associates in the face of all difficulties, hardships or surroundings. This is the kind and degree of Loyalty a conscientious nurse should exemplify.

A loyal nurse never should discuss the private or personal affairs of her patients, physicians, or associates, with others. Any confidence given her should be maintained and guarded by her as sacred. Any information received concerning a patient's disease—its cause or effect—should be kept as a professional secret, unless some direct good can be accomplished by the telling. Always in the cause of Loyalty it is necessary to refuse to discuss or reveal the personal or private affairs of the

lives and characters of her fellowmen. She has no moral right to meddle with the affairs of others.

Loyalty to one's fellowmen bars Criticism. It eliminates Gossip. It demands Moral Courage. It inspires the love of others. It stimulates the acme of intelligence and personal effort. If we would deserve the crown of success we must exemplify such Loyalty every day of our lives.

3. In dealing with ourselves as individual intelligences, we must prove our Loyalty by living always according to our highest standards and ideals of Equity, Justice and Right, to the best of our knowledge and ability, and at all times. We must live in such honesty, sincerity, righteousness and truthfulness that we may command our own self-respect and feel the sense of deep satisfaction with ourselves. We must be willing and courageous enough at all times to look ourselves squarely in the face that we may recognize our shortcomings and failures, and overcome them. We must receive suggestions, kindly criticisms and loving services from others in the spirit of appreciation and thankfulness—for these will help us to know and understand ourselves the better. We owe to ourselves, as individual souls, the kind of Loyalty which will always impel us to exemplify allegiance and fidelity to our own highest concepts of the principle of Right. Only through such Loyalty can we maintain a deep respect for Self.

The following is an illustration embodying the three phases of Loyalty:

A young, unmarried woman was admitted to a hospital for an appendectomy operation. Her history put her on record as the daughter of worthy, refined, educated

parents. She was known to be a widely respected, well-educated girl of high repute and lofty moral standards. Her reputation, so far as was known, was unsullied and unquestioned.

The operation was carried on in the regular routine. The internal abdominal examination was made. The appendix was found to be in normal condition. The presiding surgeon proceeded to examine further. He found internal hemorrhage. In a short time he discovered, to the amazement of all present, a most unexpected condition which betrayed the fact that the young lady had been sadly misled and wronged, and that grave trouble had resulted to her.

Detailed examination revealed the condition a gravely serious one, certain to result in death. Further operation would prove abortive and futile. No further help could be given successfully. A consultation of the surgeons decided the course of sewing up the abdomen, returning the patient to the room, and prescribing such treatment as could add to her comfort until the end.

The head surgeon, realizing the gravity of the situation and all that it involved—including the death of the patient—laid the facts of the case before all his assistants, including the nurses. He told them that if the truth of the case were known the good reputation of the patient would be ruined, and disgrace would follow; the parents' hearts would be broken; they would be criticized and made uncomfortable by the attitude of gossiping neighbors; a shadow would exist between the parents and the daughter; and the patient would go to her grave with a cloud o'ershadowing her otherwise bright and beautiful life.

He asked each one to consider the existing circumstances and conditions, and then to pledge himself or herself never to discuss the operation or to reveal the condition in any way such as to bring discredit or disgrace upon the character of the young girl. He asked them to do this for the sake of the girl herself and for the sake of the parents.

Each individual present pledged himself. The patient was returned to her room and the parents notified of her precarious condition. After three days of suffering the unfortunate girl passed over the Great Divide to take up her life on another plane—the same beloved, deeply respected and highly esteemed young lady. The truth never was revealed. It was generally conceded that she died as a result of shock following an appendectomy operation. The noble parents were saved poignant suffering, deep sorrow and severe heartache through the sympathy and consideration of the generous surgeon and his loyal assistants.

This pledge bound every individual to the exemplification of Loyalty in its three phases.

Take, for instance, one of the nurses:

1. In her pledge she swore allegiance to her training school, to the work of nursing, and to the profession. If she had told the truth of the situation to outsiders and had discussed the operation, she would have proven Disloyal. Her act would have brought down Criticism, Disrespect and Lack of Confidence on the work, the profession and the hospital. As its representative, it was her duty to protect the institution of nursing against such damage. If she failed to do so, or violated her

allegiance, she would have proven disloyal to the work and the cause.

2. In this pledge she took the oath of fealty to all those concerned in the case. A disclosure of the truth on her part would have brought sorrow to the parents; disgrace to the reputation of the patient; criticism to the physician; and censure to the superintendent in charge of the nurse. She would have violated her fidelity to the principle of Right and would have betrayed Disloyalty to her fellowmen.

3. The pledge our nurse took elicited loyalty to herself as an individual intelligence. Had she violated this pledge she would have swerved from her ideals and standards of the principle of Right. She would have failed in Personal Responsibility and could view herself only with the eye of self-reproach. She would have proven Disloyal to herself as an individual.

The results of Disloyalty are: contumely, self-reproach, disrespect, lack of confidence, trust and esteem, discontent, unhappiness, and consequent failure.

Disloyalty is a temptation. If indulged, it is a destructive agent. Its requital is undesirable. *It does not pay.*

CHAPTER XXIV

Selfishness

Selfishness has been defined by lexicographers as “caring unduly or supremely for one’s self; regarding one’s own comforts, advantages, etc., in disregard, or at the expense of others; exclusive regard to one’s own interest or happiness.”

Philosophers define the word as “the desire of an individual to Receive more than he is willing to Give.”

Selfishness is based on the primary double function of the soul—*Receiving and Giving*. The entire problem rests on the willingness of an individual to Give as freely as he Receives, and to Receive no more freely than he is willing to Give. In connection with the problem enters also the question of the motive back of the act.

The principle of Receiving and Giving is the essential underlying basis which determines whether an act be selfish or unselfish. Upon this primary double function of the soul depends the constructiveness or the destructiveness of every effort put forth by a human being. If the motive is to *Give*, without thought of reward, the act is *unselfish*. If the desire is alone to *Receive*, the deed is purely *selfish*. This primary double function is Nature’s scale which weighs and determines the value of each and every operation and effort on all planes of life.

For example: Two individuals meet on the street,

greet each other cordially and pass on. It is a simple act in itself, yet it involves one of the greatest problems of individual life.

In the mind and soul of the first individual—Mr. A.—is the selfish motive. He thinks to himself: “Here comes Mr. B. He’s a prominent business man who may be able to help me some day in my business. I’ll greet him cordially and try to gain his good will. It may prove to be of benefit.” Accordingly, he greets Mr. A. with unction.

This mental colloquy may not be worked out in this precise logic; in fact, it may be merely a mental flash which directs his action. Nevertheless, his central idea and motive in greeting his neighbor are prompted by his desire to *receive* benefit rather than by the altruistic motive to *give* pleasure. He is led by his Selfishness rather than by a generous impulse.

On the other hand, Mr. B.—the second man—sees Mr. A. coming and soliloquizes thus, consciously or unconsciously: “Here comes Mr. A. I’ll greet him with friendliness just to make him feel good. It may help to brighten his day.” Thereupon he greets his neighbor in a wholesome, friendly manner which radiates good feeling and cheerfulness. He is prompted by the desire to *give* rather than to *receive*. He is inspired by his Unselfishness to do this.

While both greetings appear friendly and wholehearted, and perhaps give the same impression to an onlooker; nevertheless, Mr. B.—the man with the unselfish motive—deep in his soul enjoys the comfort, peace and satisfaction derived only from the performance of an unselfish act; while Mr. A. is conscious only of

the narrow enjoyment received from the knowledge that he has done something for his own little *Self*.

In their internal and psychic results, which is the loser? Which was the more worthy act?

These questions can be answered only by the use of the principle of Receiving and Giving as the scale with which to determine.

Again: Suppose you are assembled in a drawing room with a group of people, among whom are two accomplished lady musicians.

One lady, Miss R., is asked to play the piano. Her face beams with delight, making evident that she is flattered. She takes her place at the piano—perhaps after considerable coaxing, or, mayhap, without further invitation. Someone invites her to render a piece of music which is simple and somewhat ancient. She turns up her nose and says: “Oh, I don’t like that. I’ll play something else.”

She proceeds to play an extravagant, bombastic piece of music which will demonstrate her wonderful musical technic. Without consideration for her audience, she continues to give her own selections of music, without consulting the wishes or desires of her listeners, and renders only such pieces as will demonstrate her unusual ability. She is interested in her own accomplishment more than in her audience. She is concerned, not in pleasing her listeners, but in pleasing her own vanity. She is desirous of *receiving* the plaudits of her listeners, instead of being concerned with *giving* them pleasure.

After duly satisfying her own selfish desire and sufficiently impressing her musical ability on her audience,

she retires from the piano, beaming her satisfaction with *Self*.

Her sole motive in playing has been self-gratification. Her desire was to *receive* applause and adulation. Her act was one of Selfishness.

Miss N. is then asked to play for the audience. In a frank, candid manner she manifests her appreciation of the invitation, and takes her place at the piano without ostentation. She expresses her perfect willingness to play if some one will suggest a piece. It is evident from her entire manner that she is pleased to do what she can to *give* pleasure to the company; that she is playing to and for their enjoyment instead of her own glorification.

She accepts any and all suggestions, and plays everything asked of her, from the simplest to the most difficult pieces, whether or not of her liking and choice. She renders the music in a quiet, dignified and unassuming manner which bespeaks humility and a desire to serve. It is made manifest that her thought is to *give* pleasure to her associates, rather than to *receive* their adulation. This spirit and generous attitude radiate themselves in her music and prove pleasing and delightful to the listeners. She leaves the piano in a gentle, gracious manner.

Her sole motive has been Service. Her desire was to *Give* pleasure and enjoyment. Her act was one of Unselfishness.

Of the two, which makes the better impression? Which gives most pleasure? Which receives greater psychic benefits and deeper internal satisfaction? Which is the bigger soul?

Again we must determine these answers by weighing with Nature's scale of *Receiving* and *Giving*.

Every act we commit, every word we speak is either selfish or unselfish, based upon the motive underlying it. If the motive is to *Give* without hope of reward, our word or act is *unselfish*. If the desire is solely to *Receive*, then the deed is purely *selfish*.

Every *selfish* word or act keeps the mind grovelling among the mean and sordid things of earth; closes the door to service; repulses friendship; leads the soul to discontent, dissatisfaction and unhappiness; and drives us into the dingy confines of our narrow, selfish Selves.

Every *unselfish* word or act broadens and deepens our psychic nature; increases our opportunities for service and for radiating sunshine into the lives of our fellowmen; inspires brotherly love; stimulates the tender, loving impulses of the soul; and leads us along the elysian path of content, satisfaction and happiness.

Selfishness manifests itself in the desire for

1. Intellectual attainment and progress.
2. Public applause.
3. Material possessions.
4. Individual friendship, confidence, or love.

Selfish individuals who long for intellectual attainment and progress will devote all time and energy to the gratification of their desire. In their effort to satisfy this desire they overlook entirely the rights of others, disregard the wishes and hopes of their associates, and live solely in and for the purpose of fulfilling their intellectual demands. It is this class of people who so frequently shun, avoid, or evade responsibility, consciously or unconsciously, and prove themselves essentially un-

trustworthy because of their absolute interest in *Self*, and oblivion to others. They endeavor to get away from responsibility that all their time may be devoted to intellectual attainment. Or, they strive to put their responsibility onto the shoulders of others that they may be unhampered in satisfying their great ambition. Or again, they become so absorbed in their own life and interests that they forget they have responsibilities and obligations to be discharged and fulfilled. In any case, they prove untrustworthy in any and all responsibility as a result of their extreme *Selfishness*.

Those who live for public applause apparently are without scruples in taking advantage of their fellowmen, at any time, to gain the adulation they desire. They overlook the rights, privileges, prerogatives or just deserts of their fellowmen, and exist only in their own little world of striving for attention and applause. They kill out the tender, sweet emotions of the soul, and the generous sympathy for others, and live on in their rudely constructed abode of cold, unfeeling *Selfishness*.

The inordinate desire in individuals for the selfish acquirement of material possessions—property, dress, jewelry or money—is one of the most lamentable manifestations of *Selfishness*. In their efforts to store up material gain, these persons will deprive others of comforts and even necessities which they rightly deserve, will scorn the delicate, sensitive feelings of their associates, will overlook rightful ownership and possession, and even sometimes will resort to immoral or degrading acts to satisfy their insatiate and demoralizing desire for material things.

If the philosophy taught by the ancient Masters of the

Orient is true, then these individuals make a gross mistake; for, according to it, material possessions beyond those necessary for physical comfort and unselfish use bind the soul to earth conditions from which release is difficult. These Great Masters teach that abundance of material possessions merely increases the individual's personal responsibility *rightly to use* those possessions; and that failure to do this involves punishment under the Law of Compensation. These wise men declare that every superfluous ounce of material gain constitutes a powerful fetter which binds the soul to earth—it may be for ages—after it has passed beyond the Great Divide; and that an inordinate desire for material, physical possessions only holds the soul on the lowest spiritual strata surrounding the earth plane, and thus prevents its ascent to the land of the higher spiritual realm.

If this ancient Oriental philosophy be true—and there are many intelligent people who believe it is true—think of the future sorrow and punishment these individuals are storing up for themselves! Think of the disappointment when they awaken on the opposite shore of the River Styx and realize, only too late, that they have bound themselves to the dread monster, Greed, from whose clutches they must strive long and desperately to free themselves!

The class of people whose Selfishness leads them to desire abundance of earthly possessions, forget that when the soul dispenses with its physical body it no longer requires physical clothing, adornments, comforts or necessities, and that all they have stored up during physical existence must we left behind for others. They lose sight of the fact that *physical material exists on the*

physical plane only and cannot be taken with them on their journey across the "Valley of the Shadow of Death." They do not realize what an amount of valuable time and energy is wasted in the acquirement of material gain which, after all, is enjoyed for only a short period in the more exalted life of the individual. They do not understand what a trivial thing material possession is when viewed from the lofty realm of the soul. If these facts were borne in mind by those who are inclined to hoard and accumulate, undoubtedly we should find less struggling, sorrow and crime on this plane of earth life, and in its place more contentment, deeper peace, and a more universal brotherly love.

There are many human beings whose Selfishness manifests itself in the desire for the entire and undivided friendship, confidence or love of a friend, or loved one. Such an individual maintains the attitude that his friend, or loved one, must share his friendship, affection or confidence with no other person; that the friend, or loved one, must be satisfied with the association and companionship of this one individual. Any manifestation of interest in, or admiration of, another person arouses the deepest jealousy in the heart of the selfish individual; and sometimes leads him to abandon his dearest friend altogether rather than to accept his divided affection or friendship. He maintains that he must have all or none of the loved one's attention and affection. *All or None.* Can you depict greater *Selfishness*?

The subject of Selfishness is so deep, so broad, so general, and so extensive that a detailed analysis would necessitate an entire volume. The temptation is a universal one to all classes of people in all stations and

professions of life. It is involved in almost every other temptation of life. It is a subject fairly well understood by all thinking people; therefore, a more detailed analysis will not be given in this volume.

Selfishness is included in, at the basis of, or concerned with every temptation analyzed in the previous chapters of this book. Let us ask ourselves a few questions to determine this:

Chapter II deals with the subject of Unworthy Motives.

What motive impels a woman to enter the strenuous field of nursing to obtain a home for herself? Is the desire to provide an occupation for herself an unselfish one? What motive would impel her to enter upon the work of nursing in order to drown her sorrow and trouble? What is the desire, impulse or motive which prompts her to seek adventure, money, romance and matrimony in the nursing profession? In other words, what is the impulse back of any unworthy motive which leads women into the work of nursing? It is *Selfishness!*

What motive and impulse would lead a physician of the class referred to in Chapter III to tempt nurses with whom he comes in contact? Would you judge it a motive to render service, or an act of thoughtfulness, when he deliberately sets out to break down the dignity and reserve of a woman? It is the result of *Selfishness!*

What is the impulse back of the temptation arising from Clashing Magnetisms? *Selfishness!*

What is at the basis of Irritability and Impatience? *Selfishness!*

From what does Indolence spring? From the root of *Selfishness!*

What is back of Intolerance? Is it not a gratification of *Love of Self*?

Upon what does Procrastination depend? Upon *undue indulgence of Self*!

What impels us to indulge in Emotionalism? The *selfish desire* to relieve our emotions.

What is the root of Gossip? It is *Selfishness*!

Dishonesty—is it prompted by an unselfish impulse? No! its foundation is pure *Selfishness*!

Of what is Tactlessness the direct result? Of blind *Selfishness*!

What leads people to Jealousy and Envy? Their *Selfishness*!

And so on down the line we find that *Selfishness* is the foundation of all temptations.

A deep and careful study and analysis of each of the temptations herein referred to, or in fact, any temptation of human life, will reveal the somewhat startling fact that Selfishness, in some form, is the basis, the root, or the underlying cause of each and every temptation.

This may be accepted dubiously by some. If so, let them, for their own satisfaction and enlightenment, take any temptation, give it a careful, sincere, honest and deep analysis down to its finest point, and then decide for themselves the truthfulness of the above statement. They will find the result startling, no doubt, but nevertheless true; for it is an undeniable *fact*.

The fact that Selfishness is involved in, or at the basis of, all other temptations makes clear the depth, the breadth, the universality and the general destructiveness of this innate temptation; and discloses, as well as emphasizes, the necessity for the elimination of it from the

soul of every individual who is striving toward a higher goal.

Selfishness is one of the deepest and most intensely destructive temptations known in human life. Indeed, it might be called, without exaggeration, a *primary* temptation of the soul; because upon it are based so many of the minor temptations.

Selfishness closes the door to service and the enjoyment of wholesome association. It bars friendship and brotherly love. It destroys unselfish appreciation of and sympathy for others. It freezes the tender, lovable emotions and impulses of the soul which make life tolerable and beautiful. Its results always bring heartache and unhappiness; criticism and unfriendliness; isolation and desolation; disintegration and destruction.

It leads the human soul, with wonderful celerity, along the downward road to the North where is found only Psychic Darkness and Individual Bondage.

Selfishness is a formidable lion on the pathway of Light and Truth.

CHAPTER XXV

Personal Uncleanliness

The state of perfect, normal health depends upon free elimination of the excretions of the physical body. Those who have studied anatomy know that there are various channels through which this elimination takes place. The skin is one of these channels, and is by no means the least important.

The skin, or outer covering of the body, is composed of an infinite number of pores, or small apertures, which are operated by the relaxation and contraction of the minute muscles surrounding each opening. In the process of elimination these muscles relax, the pores become filled with impurities excreted by the body, the muscles again contract and the impurities are discharged from the pore. This is the mechanical process of the skin.

In some cases the impurities are thrown off with perspiration. This dries and forms a crustaceous layer on the outside of the skin, and prevents the muscles from discharging the accumulation within the pores.

When these little pores become clogged with dirt, or in any way disabled, they are incapacitated for accomplishing their share of the work of elimination. During the course of twenty-four hours this condition exists in a large number of these openings; and the excretions which Nature intends should be disposed of through this chan-

nel accumulate and produce an unwholesome condition within the body. If this unwholesome condition is allowed to continue—by failure to remove the dirt and keep the pores open—this channel becomes obstructed. Its work is forced onto other channels, in addition to their own, and they become victims of over-work. After a short time they rebel and cause dissention within the body. Every closed-up pore increases the work of the other pores. Every obstructed eliminating channel increases the labor of the remaining passages. For this reason it is necessary to a healthful condition and to highest efficiency that each and every avenue shall be kept open and clean, that its individual work of elimination may be unhampered.

The question—"What is Dirt?"—was once asked of a student. The unhesitating and peremptory answer was—"Matter out of place." For a moment the laconic reply caused considerable merriment among the students; but upon consideration it was accepted very generally as a splendid definition of the word.

Foreign material which becomes lodged in the pores is "matter out of place." Therefore, it is "*dirt*"—which is but a mild form of filth; and, therefore, it must be removed to a proper place.

The most desirable method for removing this "matter out of place" is the use of fresh, clean water, and soap. The best known way for keeping the pores of the physical body in wholesome condition is by cleansing them frequently with warm water and soap. The only agents that will thoroughly cleanse the skin and insure perfect elimination through it are plenty of water, and soap. Therefore, all individuals should make frequent and

generous use of warm water and soap. The latter is very important in the cleansing process, for a large portion of the bodily exudations is a greasy substance which soap alone will remove.

The general effect of the process of cleansing with soap and water is to eliminate dirt and remove "matter out of place" to a proper location. It leaves the skin in a wholesome, clean condition which enables it efficiently to carry on its work and insure good health.

Water accomplishes more than this. It is becoming known to psychologists and scientists the world over that water is one of the most highly magnetic agents ever discovered. This fact renders it one of the most refining substances in Nature's pharmacy. Its frequent and abundant use has the effect of refining the individual particles of the physical body, elevating it above the animal plane and thereby converting it into a more suitable and efficient instrument for the use of the soul. Moreover, if "Cleanliness is next to godliness," as the Scriptures say it is, then the refining process all the while is bringing the individual closer to godliness. Hence, it has its spiritual and psychical values, as well as its physical.

These results of the cleansing process are only constructive and desirable. They should be sought by every individual.

The physical body is recognized as the abiding place of the soul on the earth plane. It is known as the physical instrument of the soul. It is understood by many of the best intelligences of the age that the purpose of the soul in manifesting through a physical instrument is that it may acquire experience and knowledge on the

earth plane. By these it is taught that the soul gains its knowledge of the physical plane through the five physical senses which register their impressions upon the consciousness, the receiving attribute, or sensorium of the soul, where all impressions are transmuted into personal knowledge. If this be true the physical body is of great importance to the development of the individual intelligence, or soul; for upon its normal action depends a large portion of the soul's knowledge. Logically it would follow that the more normal and healthful the condition of the physical body the more efficient it is as the instrument of the soul. Therefore, the more highly efficient the physical body the more knowledge can be accumulated by the soul and the more rapid will be its evolution thereby.

The purpose of the physical body is to serve the soul in its search for knowledge. It is shown in the preceding paragraph that the highly efficient body proves most beneficial to the soul in its search. The soul manifests on this plane to acquire the largest amount of knowledge possible. This, then, fixes upon every individual the *moral obligation* and the *personal responsibility* to keep his body in the most healthful, normal condition possible. He must make use of every method, or means, which will bring his body to its highest efficiency. Personal Cleanliness is known to be one of the most potent means of accomplishing this result. Therefore, *Cleanliness is a personal responsibility* of every individual.

"Sin is the conscious and intentional evasion or violation of Personal Responsibility." Cleanliness is a personal responsibility. It follows naturally, therefore, that any conscious or intentional failure on the part of

the individual to keep his body clean constitutes a Sin. In other words, this logic leads inevitably to the fact that *uncleanliness is a sin*, in Nature's eyes.

Sin merits punishment under the widely accepted Law of Compensation. No person can sin with impunity. Every individual is amenable to this inexorable Law of Retribution. Any human being who is physically unclean commits a sin for which he will receive just punishment.

Personal Uncleanliness is a sin for which Nature will mete out just punishment.

We owe it to ourselves as individual intelligences to be clean and to keep our physical bodies in a healthful condition in order that our souls may acquire the greatest possible amount of knowledge on this plane.

Soap and water are the deadly enemies of germs and disease. Perhaps no individual is more exposed to all kinds of disease than is the nurse. She must associate with and care for any and all illness known, if she is to fulfil her mission as a servant of humanity. To avoid constant sickness from such exposure she must look carefully to her own health and make use of all known agents which may prove a protection to her. *Soap and water* are her greatest protection against the contracting of disease. Because of this the nurse owes it to herself and to the general public to avoid illness as far as possible by the frequent and abundant use of Nature's cleanser and purifier.

The conscientious surgeon, before entering the surgical room to perform an operation, is always careful to remove all dirt. He removes his outside clothing, usually takes a bath, dons a clean, white operating suit, thoroughly

scrubs his hands and washes them in various antiseptic solutions for the purpose of rendering them clean and sterile and uses all precautions to render himself as free from deleterious matter as possible.

The conscientious nurse or physician who is to assist in the operation uses the same precautions; for the operation is considered vital to the life of the patient and demands, therefore, careful attention and the utmost scrupulousness.

Why are these precautions taken? Solely for the protection of the patient that he may not be exposed unduly to infection as a result of dirt.

The responsibility of perfect cleanliness in any and all surgical work is deeply impressed on all who are to take part in the work. This is done wisely, for it is one of the greatest responsibilities of surgeons and nurses.

This same responsibility of cleanliness should be impressed upon nurses in their general work with patients. Every duty or act performed for a sick person is of vital importance to his general condition and welfare. Carelessness, or dirt, exposes him to infection, or to other ill effects, physical or mental. It should become a matter of routine to every nurse—as it is to every conscientious surgeon—thoroughly to cleanse her hands and remove all possible dirt from them before waiting on a patient. Any duty performed in behalf of a sick person is essential and is worthy of careful attention and scrupulous cleanliness. The nurse should take all necessary precautions for the protection of the individual in her charge.

We all know from experience how repulsive and disgusting is an unclean person. We know that we do all in our power to escape personal contact with him. We

know that, in spite of ourselves, we lose confidence in and respect for him because of his personal carelessness. We know Uncleanliness has its effect on us when we are normal and healthy. Think then how much more it would affect us if we were in an abnormal, unhealthy condition.

Think also of the general effectiveness of uncleanliness on a nervous, highly strung, bed-ridden, sick person. Imagine the discomfort he must suffer because of his inability to escape the dirt. Consider his state of mind during the process of a bath, for instance, when he must submit to being handled by a nurse who radiates filth and uncleanliness! Would you expect a patient to derive great benefit from any treatment with his mind in such condition? Would you expect him to increase his confidence in his nurse, or to gain more respect for her?

Suppose you were a patient, lying in a disheveled bed, awaiting a cleansing bath to refresh you after a restless night during which you suffered intensely and perspired freely. You look forward to the bath with happy anticipation that it will improve your condition. While reveling in the sense of cleanliness which is to follow the bath your nurse enters the room to prepare you for it. You note at first sight that she presents a picture of general uncleanliness. When she approaches your bed you find that her hands are soiled and dirty and suggest an ollipodrida of unpleasant odors. Her finger nails are long and lined with dirt. On closer inspection a "high-water mark" presents itself under her chin and you discover a layer of filth on her neck and in her ears. During the process of the bath you detect the odor of stale perspiration and soiled clothing. Her hair gives

forth a stale, sickening odor, and her outside clothing is filthy.

Would you like it? Would you feel clean and refreshed after your bath? Do you think your mind would be calm and relaxed? Surely not!

This illustration may be criticized by some nurses as an exaggeration. If so, such nurses have been fortunate in escaping personal contact with their fellows of this caliber. For, deplorable as the fact is, it is nevertheless true that there are nurses who seem to revel in dirt and filth and personal uncleanness. God forbid that such as these remain in the profession!

If we nurses would only stop occasionally to put ourselves in the place of our patients, we might save the latter much discomfort, mental anguish and unhappiness, and accomplish far greater and more constructive results in our work.

In the work of caring for the sick nurses are thrown in constant personal contact with their patients. The effects of personal contact are dependent largely upon the elements of personal cleanliness. Because of this it is essential, for the good of the patient and for her own success, that the nurse give special attention to this subject at all times, and adhere rigidly to the rules of personal cleanliness.

No conscientious nurse ever should touch a patient unless her hands first have been cleansed of all dirt. She has no moral right to enter the room of a patient unless she can say to herself, in all honesty, that she is clean as it is possible for her to be at the time and under the circumstances. In this every nurse carries a heavy responsibility; for her personal cleanliness is a great

factor—far greater than she may think—in the general condition and improvement of her patient.

And her responsibility does not end here. She is charged with still another obligation. That is, always to hold herself as an *exemplar* of personal cleanliness.

What is more inspiring and potent as an example than a clean, sweet, pure woman? Nothing!

Many patients—I think I would be justified in saying the majority of people—do not realize the essential importance of the use of soap and water. Few people with whom we come in contact appreciate the necessity for scrupulous, personal cleanliness. Part of a nurse's work is to educate her patients by every wise method possible. It has been stated in a previous chapter that *example* is one of the most successful methods of education. All nurses should bear this in mind and endeavor to preach the sermon of cleanliness by their own constant example.

A nurse, clean of mind and body, teaches a lesson far more powerful than any words, in conveying to the sick and distressed the importance of personal cleanliness to general health. Such a nurse inspires and encourages her patients to become well and to remain healthy, through the proper care of their physical body. Such a woman, clean and pure, is a living monument to her sex and is certain to prove a healing and constructive agent to the diseased minds of the sick and the weary.

Every nurse should bear in mind these responsibilities and keep herself scrupulously clean, for she owes it to herself as well as to her patients.

There is one other phase of this subject which may be overlooked by nurses. This is the importance of a

clean, wholesome mind and attitude of soul on the part of a nurse in her work. Physical cleanliness is vitally important to success in the field of service, but mental cleanliness is of equally great importance. Physical cleanliness is conducive to health. So is mental cleanliness. Physical uncleanness is a sin. Just so is mental uncleanness.

In dealing with the sick, as already stated, we must be clean about our physical bodies if we desire to produce a wholesome, constructive effect upon them. We must also be just as clean in mind and soul; for the mental attitude of a healthy, normal individual is potent in its influence over the weaker, more negative mind of the unhealthy person. In case of illness an unwholesome, disturbed condition of the mind is detrimental to physical recuperation. Therefore, those associated with the sick should use every inducement to produce a calm, clean, constructive attitude of mind in the abnormal individual. This can be accomplished only by the maintenance of a clean, consistent, wholesome attitude of mind and soul on the part of the helpers.

The nurse must maintain a clean mind and a pure heart at all times, whether her patient is conscious or unconscious; for, although a patient may be in a state of coma his consciousness is always awake and alert and is as much prepared to receive impressions as if the patient were physically conscious. The consciousness of a physically depleted individual becomes very sensitive to the mental attitudes of those about him. If the general atmosphere be clean and wholesome the patient is benefited. If the radiations from his helpers be unclean and impure then its effect becomes destructive

to his welfare. An unwholesome atmosphere always proves a detriment to the sick. Therefore, it behooves every nurse to guard her own thoughts and soul attitude, that she may maintain a constructive atmosphere about her patients and produce only such conditions as will prove beneficial to him. She will do well to keep her mind clean and her heart pure, that her silent influence may be healing, soothing and inspiring in its effect upon those under her care.

The reputation of any institution rests largely upon the class and characters of its workers. Hospitals are no exception. As nurses constitute the greater portion of the associated workers in a hospital, its reputation necessarily rests primarily upon the general standard of its nurses.

If patients and visitors enter a hospital and find the majority of nurses unclean, untidy and unwholesome, they naturally form a derogatory opinion of the place. They think of it as being unfit for clean people. They leave and give it a bad reputation. Intentionally or unintentionally this reputation spreads among the public until the hospital becomes generally affected thereby.

It is the duty of every nurse to protect the reputation of her training school by living assiduously to a high ideal of personal cleanliness. If she fails to do this she is unworthy to be numbered among its student nurses.

The same holds true of her responsibility to the nursing profession. Of all professions on earth the nursing profession should stand as an example of personal cleanliness. It, above all others, should be regarded as a paragon of purity and cleanliness. This, however, can be only if its members stand as individual exemplars of

this virtue. Its general standard rests upon the average individual standards of the majority of its members. If its members stand for the highest in personal cleanliness, the profession likewise will represent the highest ideal of cleanliness.

It therefore is the responsibility of every individual member of the nursing profession to stand as an exemplar of personal cleanliness, in order that the profession, as such, may stand as an exemplar to all other professions. It is a personal responsibility which the nurse owes to the profession.

Every physician knows the essential importance of cleanliness in the sick-room. He appreciates the destructive results of lack of cleanliness. He understands the disturbing results of an unclean nurse on the mental attitude of a patient. He is aware of the dire results of dirt.

Because of his knowledge, almost every physician desires the assistance of a clean, pure, wholesome nurse who will exert a constructive, healing influence on his patients. If possible, he will employ only those who radiate the impression of personal cleanliness, for he is bound to look after the welfare of his patients.

Usually when a physician calls a nurse to a case he trusts her sense of personal cleanliness. He takes for granted that she has learned the importance and the potency of this virtue. He has faith in her sense of responsibility.

The nurse should keep in mind this responsibility to the physician—and to all concerned—and should strive to merit his good opinion by hewing rigidly to her line of scrupulous cleanliness. She owes it to him.

Personal Cleanliness is the individual responsibility of every nurse. She owes it

1. To herself as an individual intelligence.
2. To her patients, for their protection and as an example.
3. To her training school.
4. To the profession.
5. To the physician.
6. To the public.

Personal Uncleanliness is a temptation which, if indulged, leads only to failure, unhappiness and ultimate punishment for violation of Personal Responsibility.

The clean, conscientious, responsible nurse should make it a regular practice to bathe twice a day, whenever and wherever facilities permit. During the work of the day the body is employed in the process of eliminating impurities. These impurities, in the form of dirt, lodge in the pores of the skin and on the surface of the body generally. To understand the full significance of this, scientists have discovered that the skin alone of every normal adult deposits upon its surface, every 24 hours, not less than four ounces of effete matter. A warm, cleansing bath at night, with plenty of good soap, removes all this effete substance, opens the pores and leaves the body clean and sweet for its work of recuperation during sleep. Moreover, the warm bath causes relaxation and acts as a sedative to the physically and mentally tired person.

Almost every individual, to a certain extent, perspires during his sleep. Perspiration carries with it the effete matter above referred to which, if allowed to remain on the skin and become dry, forms a layer over the surface

of the skin and prevents elimination from the pores. A tepid or cool bath, with soap, should be taken in the morning, to remove this perspiration and effete matter so that the body may be clean and unsullied to begin the work of the day.

Cold water is a wonderful tonic to the physical body. It is well to follow the morning bath with a cold shower or plunge, to keep the muscles toned up, to close the pores and prevent the catching of cold.

This latter is *beneficial*, but not *essential* to cleanliness. The two baths a day, however, are of vital importance in keeping the body clean and healthful.

Many people are hampered with the idea that frequent bathing is injurious to good health. This is simple folly! In many cases the idea is fostered because the individuals are too indolent to bathe oftener than once a month. It is a fact that water, if used with discretion, can have only a wholesome effect on the physical body.

It is true that the idiosyncrasies of certain people lead them to *believe* that they cannot use *warm* or *hot* water beneficially. Others are convinced in their own minds that they derive ill effects from *cold* water. There are those who seem to think they cannot take *shower* baths. Others imagine they suffer from the cold *plunge*. And there are yet others who labor under the erroneous impression that they cannot take baths at all. These, however, are mere idiosyncrasies which can be overcome if necessity requires. Water, when properly and judiciously used, proves only beneficial.

The nurse who desires to radiate cleanliness and purity and to prove a wholesome influence among her patients should put forth every effort thoroughly to wash her

hair every week. If for any reason she finds it impossible, then she should be careful to do it as often as circumstances may permit. Long, thick hair, and the lack of ventilation, together with the excretions from the hair follicles, mixed with dust and grime, soon accumulate a most undesirable odor which is offensive to most people with even the most ordinary olfactory sensibilities. This odor is the bane of every woman, unless she is diligent in cleansing her hair and scalp frequently. It shows a lack of refinement and is most distressing to those who recognize it as a result of carelessness and uncleanness. It arouses a sense of disgust and repulsion among clean, wholesome people.

We women all know that hair-washing is a burden. Nevertheless, we must remember the beauty of cleanliness and keep in mind that its results far more than offset the effort put forth to keep clean. And don't let any of us harbor the idea that water is injurious to the scalp. It is, indeed, a tonic which promotes hair growth and health.

Let us be generous in the use of soap and water on our scalps in order that we may represent the highest degree of personal cleanliness.

The hair and scalp are exposed as much to dirt, dust and grime as are the face and hands, and often more so than the body. We would not think of allowing our faces to remain unwashed for three or four weeks. Nor would we think of allowing our bodies to go unbathed for that length of time. Neither should we allow the dust, dirt or filth to accumulate in our hair for weeks and perhaps months at a time.

No nurse, *under any circumstances*, ever should retire

from one case and enter upon another without first thoroughly washing her hair and scalp, carefully bathing her body, cleansing her mouth and teeth, and changing *all* her clothing. One duty is just as essential as another in the cause of cleanliness and protection.

The mouth is known to be the lodging place of germs of every description. It sometimes is called "the hot-bed of germs." It is one of the most difficult parts of the human body to keep clean. Every effort should be made by the nurse to render her mouth as germ-proof as possible, by cleansing her teeth with a reliable tooth powder or paste every morning upon arising, after each meal and before retiring. A strong, antiseptic mouth-wash should be used twice a day. This is absolutely essential to cleanliness.

Well-kept finger nails are a mark of good breeding and refinement. Neglected and unsightly nails bespeak coarseness and carelessness. They signify lack of refinement. If a nurse wishes to appear clean and refined she must give daily attention to her nails. It is not necessary that they be highly manicured and polished. In fact, this is unprofessional and out of place. But it is essential that the nails be filed short, neatly trimmed and kept *clean*. The cuticle, or soft skin around the lower edge, must be pushed back daily so that it may not be allowed to accumulate and serve as a refuge for germs. Neither must hang-nails be allowed to develop; for these have proven germ-carriers and often cause infection. Although it is not considered so by all nurses, nevertheless, the fingernails are an important feature of a nurse's—as well as of any lady's—toilet. They must be kept immaculate, with no accu-

mulation of dirt under their tips. For this purpose it is well for every nurse to carry with her a small pocket file in order that she may be equipped to attend to this seemingly insignificant, but really essential item of cleanliness.

The underclothing must be changed frequently, for upon it is accumulated the effete matter discharged from the body daily. A nurse should provide herself simple but abundant underwear that she may be free to change whenever necessary. In some cases, where perspiration is excessive, or in contagious cases, it may be necessary to change every day, or every other day. In such cases the plain garments are more serviceable inasmuch as they are cheaply laundered. Nurses must be scrupulous about their under-garments, because this is important to their own physical protection against disease, as well as for the protection of their patients.

They must keep themselves clean, tidy and inviting in outward appearance, for this insures respect and invites success.

And lastly, but by no means of least importance, nurses must keep their hands clean by frequent cleansing with soap and water. There is no part of the human body which is more exposed to dirt, and which proves a greater germ-carrier and distributor, than the hands. These members of the body are forced into filth of all kinds and are an open sesame to infection. The only way to keep them clean and free from germs is by the diligent and frequent use of soap, warm water and a hand brush. It is well always to use a hand lotion, for water has a tendency to cause chaps. The resulting cracks become a harbor for germs.

The nurse should make it a matter of routine to wash her hands each time after handling a patient and each time before working over another. She must not shirk this responsibility, because it is vitally important to her work and success.

These points of cleanliness are all important to the life and success of any nurse. She should be assiduous in fulfilling each of these duties, for every one is an important element in the deep, personal responsibility to herself, to her patients, to the hospital, to the profession, to the physician and to the public.

“Who shall abide in the tents of the Lord? Who shall ascend into his holy hill? *He that hath clean hands and a pure heart.*”

Never was there a more vital truism.

CHAPTER XXVI

The Ideal Nurse

Whose Ideal? Mine? Yours? Any other individual's? By no means. Then whose?

The ideal nurse herein presented is not an individual ideal, but a universal one composed of the general, constructive characteristics of womanhood. She is not intended to represent any *one* person, but *many* persons in *one*. She is not depicted as a consummated piece of art or skill, but merely as a sound, substantial *basis* upon which a construction may safely be builded. She constitutes, not an individual's goal, but a pathway whereby he may reach his goal; not a finished picture, but a simple sketch, or outline. She is given as raw material containing all the essential elements of nourishment, and ready for preparation, deglutition and assimilation by the individual; but she is not predigested food. She is a life-giving seed awaiting germination. She is not a full-grown tree bearing fruit. She is a diamond in the rough, containing the undeveloped beauty, the durability, the potency, the inherent qualities of the precious jewel; but she is not the polished, priceless gem, completed. She is not a finished structure, but merely the *pattern* of such structure, awaiting completion by the individual.

The Ideal Nurse referred to in this chapter is not *my* ideal; nor is she *your* ideal; neither is she the ideal of any

other one individual. She is a nurse whose character embodies the composite of constructive, fundamental concepts and characteristics of individual life which are admired and accepted by all intelligent people. She is a composite, substantial basis *upon* which the individual's ideal may safely and permanently be builded. She is a composite of Good, constituting a *general* pattern, or model, approved by all intelligent humanity.

In other words, she is a carefully prepared blue-print constituting the plans in conformity with which may be erected each individual's personal ideal of the Temple of his *own* Character.

The Ideal Nurse is builded upon the foundation plan of the ideal woman. In dealing with the subject of the Ideal Nurse we necessarily must deal with the subject of the ideal woman, for the former cannot exist without the latter. The fundamentals of the ideal woman are the basis of the Ideal Nurse.

Both Temples—those of the ideal woman and of the Ideal Nurse—are erected upon the same general plan and foundation. Both are constructed with the same tools. Both are finished identically in general construction.

The Ideal Woman proceeds to build her Temple upon the foundation of certain fundamental elements of character. She has her definite plan and purpose in view. Her Temple is successfully constructed upon this plan and according to this purpose.

When the building is completed the attention of the Ideal Woman is drawn to the work of nursing. She studies along this line, becomes interested in it, and decides to dedicate her Temple to this new and special

service. Immediately her time, attention and energies and, in fact, the Temple itself, are devoted to nursing the sick. She becomes highly efficient in the work. She becomes the Ideal Nurse.

The Ideal Nurse is but the Ideal Woman with her attention and energies concentrated upon a definite line of endeavor. She is the Ideal Woman with something added. She is the Ideal Woman augmented by a definite field of work. She is the Ideal Woman with her energies concentrated on, and dedicated to, the work of nursing. She is the Ideal Woman plus the special training and education of the nurse.

Because the Ideal Nurse is builded upon the Ideal Woman, the fundamental elements of character of the Ideal Nurse, given in this chapter, necessarily are the fundamental elements of character of the Ideal Woman. They apply both to the Ideal Nurse and to the Ideal Woman. They constitute the basis, or foundation, upon which may be built the Temple of Ideal Womanhood and the Temple of the Ideal Nurse.

Every Temple erected in the past for the benefit of all generations—present and unborn—has been erected upon some lofty eminence beside the broad Highway of Life. Each has been erected as a Temple of Light to guide the footsteps of the weary wayfarer as he travels his path of Individual Life, and to inspire him ever onward to greater endeavor and more strenuous personal effort. Each has displayed an illumination upon its highest point, radiating its silvery rays over the dark Valleys of Discouragement, Despondency and Despair.

Each Temple erected for, and dedicated to, the Service of Humanity should be constructed upon a prominent

and conspicuous site along the Journey of Life, that it may be within the vision of, and accessible to, all travelers who chance to pass that way in the ages to come.

The Ideal Nurse contemplates erecting a Temple of Individual Character, dedicated to the Service of Humanity. It is to be constructed upon the lofty Mount of Service, beside the Highway of Life, where it shall stand in sight of, accessible to, and an inspiration for all those wanderers whose footsteps may, by chance, be led to pass that way.

She is about to begin her work. Let us follow her, step by step, with attention and interest, as she proceeds with the construction of her individual Temple, that we may learn the lessons of life exemplified thereby.

THE IDEAL NURSE'S TEMPLE OF CHARACTER LOCATION

THE MOUNT OF SERVICE, BESIDE LIFE'S HIGHWAY

Two important and essential facts directed the Ideal Nurse in locating her Temple upon the Mount of Service:

1. This Mount lies beside the much traveled Path of Life, where daily many wayfarers journey hither and thither along their way of Individual Life. It is a conspicuous, prominent site which may be seen over immense distances in every direction.

A Temple erected upon such a site would be a beacon-light in clear view of all weary wanderers plodding along the road, beckoning them ever onward to its shelter of peace and quiet. It would be accessible to them as a haven of rest and refreshment, comfort and sympathy, in their arduous journey. It would be an inspiration to each to erect for himself a similar Temple, whose

doors should be open to those wayfarers who later might travel the same path, and who, like themselves, might be in need of rest, comfort, sympathy, or advice.

2. The Mount is solid, substantial, strong and enduring.

A Temple constructed upon it, as a ground foundation, would be sustained throughout the ages to come against Nature's elements. It would be safely and naturally protected from the floods of Selfishness, Vanity and Greed. It would be guarded wisely against the storms of Criticism, Opposition and Inconvenience. It would be unshaken by the destructive winds of Self-Pity, Morbidity and Depression. It would be unharmed by the seismic cataclysms of internal Discouragement, Despondency and Despair. It would stand solid and secure, always a refuge to those passers-by who find themselves drawn toward the maelstrom of Individual Destruction.

PURPOSE

A TEMPLE FOR SELF-UNFOLDMENT AND SERVICE TO HUMANITY

This Temple is to be erected for a twofold purpose:

1. It is to be a workshop wherein its owner may unfold the latent faculties, capacities and powers of her own soul, learn her own abilities and capabilities, extend her knowledge of self and of her environment and, by constant use, develop the natural gifts bestowed upon her by Nature, or the Great Universal Intelligence.

It is to be a laboratory wherein she may experiment with her own soul, analyze her own character, apply the acid tests of Hardships, Misfortunes, Disappointments

and Trials, and out of the experimental crucible gather the pure metal of the constructive elements of her character and discard the dross and impurities constituting the destructive elements.

2. It is to be a building dedicated to the service of humanity in general, and to the sick and the suffering in particular. It is to be a shelter wherein all her fellowmen—the sick and the well, the joyful and the sorrowful, the contented and the discontented, the normal and the abnormal—may enter for rest, refreshment, comfort, sympathy, advice and help. It is to be a structure for the purpose of educating and improving the general condition and circumstances of all suffering humanity, in all right ways and by all constructive methods. It is to be a Temple erected specifically for the purpose of nursing the weak and weary, educating them in the principles of physical and mental soundness, and directing their faltering footsteps along the flower-strewn Road of Health.

TOOLS

INTELLIGENCE, CONSCIOUSNESS, WILL

Every worthy builder possesses his own tools and the knowledge of how to use them.

The Ideal Nurse possesses her own tools—*Intelligence*, *Consciousness* and *Will*—and the knowledge of how to use them efficiently.

Intelligence is the instrument with which she directs all her essential labors, as well as her detail work. As she proceeds with her duties of making beds, administering medicines, taking temperatures and giving treatments, we readily observe that her intelligence is busy

along with her hands, directing them in right performance and correcting any and all mistakes. We realize that her mind is fixed directly upon the thing she is doing, even though it be only a routine duty. We note that all her work is done intelligently and efficiently. We see her deftly wielding her tool of Intelligence as she entertains her convalescent patients. We mark her wisely applying it in her endeavor to educate them in the art and process of gaining and maintaining health. We become aware of her skilful utilization of it in specific study, general reading and careful observation, all as a means of increasing her storehouse of knowledge. We regard her adroitly employing it in directing her own construction work—that of building the Temple of her own Character.

A *Wakeful Consciousness* is her second tool. By means of it she is able to sense the external world about her and the internal condition of her own being. With it she readily can observe all details about her and note any decided change in the general atmosphere in which she moves. It enables her to detect physical or mental variations in her patients. It keeps her alert to her own internal condition and ready to detect the presence of any destructive agent within her *Sanctum Sanctorum*. Its application to the work prepares her to receive any and all impressions which come to her; for she knows that the impressions of the external world impinge upon the consciousness and become transmuted into personal experience, thereby increasing the general store of her knowledge.

Will is the instrument with which she sets in motion all the machinery of her being and keeps it in active

operation. It is the Primary Power which sets in motion all her other powers. It is the instrument of force which propels the entire working of her machinery. It is the driving-power of all her mechanism.

FOREMAN

PERSONAL RESPONSIBILITY

Any work of construction must be under the personal supervision of a general foreman who assumes the responsibility of directing and overseeing the work.

Personal Responsibility is the general foreman in the Temple of the Ideal Nurse. It directs and supervises her general construction work, requiring that all important and detail work be well performed and that the building be erected according to the general plan and its accompanying specifications.

A high sense of Personal Responsibility is woven, like a silver thread, into the character of the Ideal Nurse. Its shining beauty casts a radiance of strength and cheerfulness over her entire life, sustaining her as she runs the gauntlet of Life's trials and tribulations.

Her study of the sublime and inexorable Law of Personal Responsibility has resulted in the knowledge that she is obliged to live her *own* life according to her *own* standards of Equity, Justice and Right, and *not* according to those of any *other* individual. It has taught her that this obligation is one fixed upon her by *Nature* from the *beginning*; and that failure to fulfil the obligation results in just and inevitable punishment.

This profound knowledge impels her always to live her life to the highest, fullest and best. She constructs

her life, from day to day, upon this indestructible basis and enduring foundation. In her soul she keeps the light of this truth brightly burning that the pathway of Right may be illumined for her and that her footsteps may be guided safely along its course.

The knowledge of her personal obligation gives her

1. The confidence and courage to forge ahead, living her own life, pursuing her own course of action, erecting and striving toward her own ideals and upholding her own convictions as best she knows, according to her own knowledge and ability, regardless of criticism or opposition, firm in the conviction that none other can do it for her.

2. A deep understanding of moral accountability and of her responsibility to her fellowmen in the work and the social relation.

3. The inspiration to perform all her duties, fulfil all her obligations and discharge all her responsibilities to the best of her knowledge and ability at all times.

4. A greater appreciation of the Law of Unselfish Service and its results.

5. An impetus toward Self-Unfoldment.

6. A definite means for determining Right from Wrong—for her own conscience must guide her.

7. A realization of the fact that she has neither sanction nor right to render judgment upon others.

8. A wholesome respect for the immutable Law of Compensation.

With this knowledge in her soul, the Ideal Nurse proceeds in her construction work, day after day, determined in her effort to fulfil the Law of her Being, the Law of Personal Responsibility, the Law which demands

of her that she live her life according to her own highest standards and ideals of Equity, Justice and Right.

GENERAL PLAN

WOMANHOOD, MORALITY, NURSING

The general plan of the Temple shows that it is to consist of three rooms, and that these are of equal size:

1. A room wherein are to live and develop her ideals of *Womanhood*.

2. A room containing her ideals of *Morality*.

3. A room wherein her ideals of *Nursing* may be exemplified and preserved.

FOUNDATION

STABILITY AND STRENGTH OF CHARACTER

This Temple of Individual Character is being erected upon the solid and permanent foundation of *Stability and Strength of Character*.

The Ideal Nurse has learned from personal experience and observation that a house built on shifting sands inevitably will topple and fall. She therefore takes precautions to build wisely and safely, for her Temple is to be a permanent structure.

Deep down within the inner confines of her soul she has a definite, specific, fixed ideal of life toward which she is striving. Each hour of her life the picture of this ideal is in her consciousness and before her mind, permanent, immutable, undeviating. This unchanging picture ever before her makes her steadfast, immobile, firm and unwavering in her purpose to conform her life

to such standards and principles as will lead to this ideal. Day after day she possesses the same constant, established, fixed determination to reach the one goal. This continued fixedness of purpose produces a stability of character which renders her invincible against all outside influences.

She possesses within herself the force, or the power, which sustains her in her endeavor to reach the goal of her ideal. This force urges and impels her onward along her path of Right. It sustains her in all her struggles. It gives her a strength of character which makes of her a power among her fellowmen and associates. It is the force behind the determination—the man behind the gun.

This kind of stability and strength of character is the solid and permanent foundation upon which the Ideal Nurse is constructing her artistic and serviceable Temple of Character. Upon such foundation it shall remain throughout the ages unmoved, unshaken, undestroyed by the storms of life.

SUPERSTRUCTURE

SELF-CONTROL, SELF-RESPECT, SELF-RELIANCE,
SELF-POISE

These four essential elements of Individual Character constitute the four walls, or the superstructure, of the building.

Self-Control is the Primary Duty of every individual soul. The builder of this Temple understands this Duty and fulfils it. In all her work and at all times we find her exercising control over all the appetites, passions,

emotions, desires and impulses of her being. By the power of her Will she restrains these impulses, passions or emotions; or diverts, represses, or converts them into constructive energies. She is, under all circumstances, the Arbiter of her Being, the Master of her own Soul.

Self-Respect is the legitimate result of her consistent attitude of soul. Her high sense of Personal Responsibility, her lofty ideals, her constructive efforts to live her life to the noblest and highest, her persistent endeavor to do right, assure her the lawful compensation of her own Self-Respect to which she is justly entitled. She possesses a justifiable and sufficient Self-Respect.

Self-Reliance is one of her powerful assets. We note the Ideal Nurse always maintaining confidence in, and relying upon, her own abilities, faculties, capacities and powers. She believes in herself; she uses her own eyes, listens with her own ears, stands on her own feet, and leans upon her own strength. Never do we find her seeking the help, sympathy or coöperation of others in the solution of any problem until first her own resources have been tried, tested, and have failed. Never do we find her unloading responsibility onto the shoulders of others until first she has learned her own inability to carry it. She is Self-Reliant first, last and always, in the knowledge of her own natural gifts and abilities.

Self-Poise is one of her beautiful charms. In the profession, in the business world, in society, in any unexpected or trying situation we see her always Self-Possessed and mentally balanced as a result of her internal and external Self-Control. Always she is in perfect equipoise and equilibrium under any and all

trying conditions. This makes of her a charming, mature, strong woman of grace, dignity and reserve.

Upon these four walls of strength within herself she erects the superstructure of her Temple.

ROOF

CHARITABLENESS

Every complete edifice is covered with a roof. The Temple under construction is covered with the roof of *Charitableness*.

The soul of the Ideal Nurse is filled with the spirit of Charitableness for all humanity. She is ever ready to forget unpleasant things and quick to forgive her enemies for any offense. She is always generous in overlooking the faults and failures of her fellowmen and associates. She is kind to those who persecute her and good to those who love her. She is willing at all times to render service to those who need, whether the need be of the physical, the spiritual, or the moral kind. She is prepared always to lend a hand to the fallen and help them to rise again. She stands ever beckoning onward those weary and careworn who are struggling along the path she has traveled. She gives food to the hungry, clothing to the naked, medicine to the sick, courage to the disheartened, joy to the sorrowful, hope to the discouraged, faith to the despondent, sympathy to the suffering, relief to the oppressed and inspiration to the strong. She is kind, gentle and loving with children. She is helpful, inspiring and unselfish toward adults. She is thoughtful, considerate and courteous to the aged. In other words, she exemplifies Charity to all mankind.

FLOOR

HONESTY, SINCERITY, LOYALTY, COURAGE

Honesty, Sincerity, Loyalty and Courage constitute the material out of which the various floors of the Temple are laid. These are equally strong and substantial and, when dovetailed together, establish a firm support upon which the character of the Ideal Nurse may safely and permanently rest.

Honesty is a cardinal characteristic of the builder. It manifests itself in all her professional work, in all her business dealings and in all her social relations. It betrays itself in all her words and actions. It reveals itself in all her motives and intentions. In all she says and does she clings assiduously to the exemplification of *Truth* in her everyday life.

Sincerity—one of the most salient traits of her character—is evident at all times in her motives and intentions. Her words of cheer, her expressions of loyalty and inspiration, her acts of forgiveness, her interest in persons and things, her deeds of service, all bespeak true Sincerity. Never do we find her giving an expression of insincerity; for her soul is sincere, and her outward manner represents her inner attitude. She is straightforward, candid, frank and above-board in all her words and actions, thus exemplifying the real sincerity of her character.

Loyalty abides deep in the soul of our guide and is prominent as a mark of her character. As we follow her in her work we find her ever true to her own standard and ideals of Right, in its relation to her work, to her fellowmen and to herself. She is true to the profession

and to the work of nursing, and stands as a living example in her efforts to better their standard and reputation. Where duty calls she is a ready servant to help, protect, fight, or even give her life for them. She is staunch in her fealty and allegiance to the cause she has espoused. She does not adversely criticize nor gossip about her neighbors, associates, or patients, to a third person, unless she is satisfied some good is to result. She is loyal to them always. To herself she is faithful in that she lives up to her own standards and ideals of Right in the face of all obstacles.

Courage—physical and moral—is hers in great abundance. In her it is a prime and laudable virtue. When once she is satisfied that a thing is right and just she clings to it and fights for it in the face of all opposition, inconvenience, difficulty, or criticism. Nothing can divert her attention from it nor awaken fear within her. If she believes in the righteousness of the thing itself she waives obstacles, rolls aside the stones of obstruction, and forces her way along the straight and narrow path as she sees it, without fear of the vicious animals she may encounter, nor of the encumbrances she may meet on the way. She is fearless, unwavering, unfaltering, unafraid, physically and morally. The confidence in her own judgment and ability gives her the undaunted courage to live by, fight for and maintain her own convictions of Right.

MAIN ENTRANCE

PERSEVERANCE, PHYSICAL AND SPIRITUAL REFINEMENT

Perseverance is the outside door of the structure.
Physical and Spiritual Refinement is the inside door.

Together they compose the main entrance into the inner sanctum of the Temple.

The Ideal Nurse has a steady, plodding, persisting spirit which impels her to stay by anything she undertakes until it is satisfactorily accomplished. She fixes definitely in mind the thing she desires to accomplish and remains with it until it is finished. During the work of accomplishment she overlooks diversion. She despises delay. She shuns failure, and she gains her end. The greater the hindrance that presents itself and the more difficult the task seems, the more determined she becomes and the more strenuous the efforts she puts forth.

Her persistent spirit resembles that of the patient, little ant as it sets out on a journey for the acquisition of food. In spite of obstacles, in spite of high winds, in spite of enemies, and in spite of the incumbrances of her load, she keeps her vision directed toward her goal and perseveres until finally the end is accomplished. This steady, plodding, persisting spirit within makes failure an enemy unknown to her; for however long it may be and however arduous the way, she holds on determined until success is attained.

The consistent, constructive attitude of soul and mind maintained by the Ideal Nurse, together with the perfect cleanliness of her physical body and the purity of her thoughts and language, give her a general, physical refinement of skin, features and magnetism which impresses itself upon all with whom she comes in contact. They give her a *physical refinement* which is soothing, healing and inspiring to those associated with her.

Her *spiritual refinement* is analogous to the physical,

but on a more exalted plane, and has the same beautiful, helpful effect on others. It makes of her a charming, delightful personality, welcome and acceptable to all classes of people.

DOORS

INTEREST IN ALL ACTIVITIES OF LIFE, MENTAL AND PHYSICAL CLEANLINESS, LOVE FOR WORK AND PATIENTS

General Interest in All Activities of Life constitutes the door leading to the Room of Womanhood.

We see the Ideal Nurse actively interested in all clean, physical and mental sports. She takes her place in out-door and in-door physical gymnastics, entering into them enthusiastically, deriving pleasure therefrom, developing and training her physical body and keeping it in a healthy condition. We find her interested in any and all sorts of intellectual pursuits, showing her desire for general knowledge. We note her interest in lectures, in literature, in current events, in social life and in general welfare work. We discover her love of art, of music, of science; her application to all phases and branches of her work. We detect her fixed attention to the acquisition of information and knowledge in all subjects of general interest. We observe her endeavoring, at every step of the way, to develop herself into a well-rounded, many-sided, versatile woman. We appreciate her interest in all activities of life and her effort to improve herself normally and equally in her triune nature—the physical, the spiritual and the psychical.

Her love for the work of nursing and for her patients is the door leading into the Room of Nursing. Her life and energies are devoted to the work of caring for the sick

and the helpless. While on duty her mind and attention are fixed sedulously upon the work in hand. She grows neither wearied, discouraged, nor disheartened; for her love of the work sustains her throughout all the hardships with which she must contend. She is broad-minded. This, together with her belief in and knowledge of the higher side of life, keeps her from falling into the drudgery of mechanical work. Her interest in and study of her patients, each as an individual intelligence, gives an added zest to her work and leads away from the monotony of nursing mere physical instruments. Her love for the work and for her patients is an important factor which makes of her the Nurse Ideal.

The Room of Morality is entered through the door of *Mental and Physical Cleanliness*.

The mind and thoughts of the Master Builder are clean, pure and refined. Smutty jokes, coarse language, crude entertainment and immoral companionship find no place with her. She derives pleasure only from those persons and things which represent the good, the beautiful and the pure. Her thoughts are lofty; her mind is clean; her soul is pure.

Her physical body is scrupulously clean, for an unclean body cannot harbor a clean mind. The Ideal Nurse is not vain, yet she is thoughtful and careful of her physical cleanliness and neatness, and devotes sufficient time to keeping her body immaculately sweet, wholesome, charming and beautiful to look upon. The atmosphere in which she moves is redolent with the perfume of wholesomeness, cleanliness, neatness and perfect health. She represents a picture of delightful womanhood. She portrays the essence of true morality.

WINDOWS

FRANKNESS, COURTESY, KINDNESS, GENTLENESS

Through the windows of *Frankness, Courtesy, Kindness and Gentleness* the Ideal Nurse looks out upon the world and views her fellowmen.

The *Frankness* of her soul is manifest in all her dealings. She is frank and candid in expressing her views, convictions and opinions. She is not obtrusive in this, nor is she dogmatic. She is kind and gentle, but positive and firm in expressing her position on any and all questions and subjects. There is no effort to mislead her fellowmen through any lack of perfect frankness nor from subterfuge of any kind. She is frank, candid and honest at all times.

Her genuine, sincere *Courtesy* to all with whom she meets is a quality of character worthy of emulation. The spirit of *Courtesy* is exemplified toward her inferiors and superiors alike. All, in her mind, are human intelligences worthy of her courteous consideration under all circumstances and conditions.

The work and general associations of the Ideal Nurse are beautified by the *Kindness* and *Gentleness* of her soul. Her patients feel safe in the knowledge that they will be dealt with kindly and gently, however irritable, cross and obstinate they may be as a result of their suffering. Her junior nurses know that her authority is not enforced with the bludgeon of sharpness or severity, but is exercised always with Kindness and Gentleness. Her fellowmen and associates feel secure in seeking her help, for they know they will be met with the kindly,

gentle spirit of willing service. All passers-by are attracted and inspired by the light within her soul which shines forth through the open windows of Kindness and Gentleness.

COLOR SCHEME

CHEERFULNESS, AMBITION, UNSELFISH SYMPATHY, MENTAL ALERTNESS

As we follow the Ideal Nurse into her Temple we find its color scheme to be one of exquisite beauty and refinement. It is composed of the four primary shades of *Cheerfulness, Ambition, Unselfish Sympathy and Mental Alertness*. All are positive colors so combined as to develop a soft, quieting harmony and produce the beautiful, pastel shades so admired by all visitors privileged to pass within the main entrance of the building.

Cheerfulness adds color to life. The responsibilities, duties, obligations and acts of the Ideal Nurse all are beautified by the rich coloring of Cheerfulness. She has long past learned the lesson that no duty is fully performed unless it is done in the spirit of true Cheerfulness. She has discovered through hard experience that morbidness brings unhappiness to herself and to all about her and causes her to be shunned by her comrades and associates. She has come to the knowledge that depression, morbidness and moods are a mere waste of time and energy, a diversion from constructive accomplishment and a hindrance in the construction of her Temple. She has arrived at an understanding of the fact that morbidness is a somber, dull color which produces a depressing effect upon people and impels them to escape from the distressing influence and atmosphere

in which they find themselves. The lesson of Cheerfulness has become a part of her life; and each day finds her exerting greater personal effort to exemplify the spirit and to radiate the beauty of true, consistent Cheerfulness.

She combines the deep coloring of *Worthy Ambition* with that of Cheerfulness.

Her ambitions and aspirations are of a lofty, unselfish kind which mean success and joy to others besides herself. They are of the kind which impel her on to greater achievement and more forceful effort. The color adds beauty, grace and depth of tone to the interior of the building, making it an interesting and delightful resting place where one may receive the impetus for constructing a similar Temple.

Unselfish Sympathy is a color whose beauty is admired by all people. In time it inevitably produces a constructive result upon all who admire it. Its positiveness attracts attention. Its unobtrusiveness invites closer examination. Its quiet harmony produces a soothing, uplifting, ennobling effect.

The Ideal Nurse, realizing the potencies of its quality, has used it freely in her color scheme. Everywhere we see touches of it as we follow her from the Room of Womanhood into the Room of Nursing and thence into the Room of Morality. Visitors to the Temple revel in its beauty. Patients are stimulated, ennobled and benefited by its genuineness. Fellow travelers are blessed and inspired by its purity. The hearts and souls of the cold and selfish are warmed by its quiet harmony. The Temple itself is enhanced and glorified by its unobtrusive, positive harmony.

Mental Alertness is the dominant color in the scheme. It is the active, decisive color which adds just sufficient brightness to give life and character to the entire color scheme.

As we proceed with her along her path we note frequent dashes of this Mental Alertness in the artistic building. We are made conscious of the fact that the mentality of the builder is always active along some special line of thought, or engrossed with some subject of interest to her. Her mind constantly is occupied with some constructive idea, or employed in solving some problem. Every moment of her waking life she is busy wrestling with some thought or idea. This alertness of intellect adds zest to her character and interest to her personality, and makes of her a perpetual tonic and stimulant to all her associates, whether they be mentally asleep or awake. It increases her strength and potency as a living example to her fellowmen, and makes of her a power among womankind.

EQUIPMENT

INDUSTRY AND EFFICIENCY

The Temple is equipped simply but substantially with the modest, appropriate furnishings of *Industry* and *Efficiency*. As one enters the Temple with the Ideal Nurse he immediately is impressed by the utility, the simplicity and the richness of the equipment. He is made to feel the grandeur and dignity of the owner whose sense of values has impelled her to avoid extensive, sumptuous or gaudy furnishings, and to install only those which add to comfort, growth and satisfaction.

Industry and Efficiency are well developed in the builder, for she has devoted much time to gaining Efficiency through Industry. Mental and physical activity have eliminated indolence and procrastination from her soul. They have forced her, through work and study, to become highly efficient in her work and in all responsibilities which she assumes. They have made of her an industrious woman whose constant endeavor is accomplishment. Industry and Efficiency work together. They are to be found together in all stages of life. When applied together as equipment success becomes inevitable. With this knowledge in mind the Ideal Nurse uses them as furnishings for her Temple. As a result success is hers in all her undertakings.

DECORATIONS

TACT, TOLERATION, PATIENCE, FORBEARANCE,
HUMILITY, TRUSTWORTHINESS

A beautiful structure is rendered unsightly by in-harmonious decorations. In the Temple of Individual Character the Ideal Nurse has chosen carefully and critically the decorations to be placed therein, that the beauty and simplicity of the structure might be maintained throughout. With exquisite and cultured refinement of taste she amply and consistently applied the dignified, majestic and stately decorations of *Tact, Toleration, Patience, Humility and Trustworthiness*. The effect produced is that of permanent beauty and a stimulant to active service.

The character of the Ideal Nurse is elegantly and harmoniously decorated by the intelligent Tact in her

everyday associations when, with acute mental discernment, she studies the best course of action to pursue in dealing with her fellowmen so as not to give offense. If we could but follow her in her relationship with people of every class and every character we should always find her carefully anticipating the best method—under the given circumstances—of exemplifying her own standard of Equity, Justice and Right, in such manner as to render them acceptable and inoffensive to others. We should find her unusually successful in establishing pleasant and agreeable relations with all people because of her discernment in dealing with them and because of the gracious manner she has acquired through years of patient endeavor to exemplify Tact.

Toleration, Patience and Forbearance constitute the permanent element in the decorative scheme, for daily these are being more extensively developed and more definitely established as a fixed part of her essential character. These three charitable and benevolent qualities of soul endear her to the hearts of friends and of enemies alike. They portray the sweet beneficence of the inner woman. They bespeak a breadth of sympathetic love which inevitably produces a constructive, uplifting effect upon the lowest and most sordid of men and inspires them to rise above and beyond the carnal life of their mundane plane. They prove a blessing to the faltering wayfarer whose footsteps are stumbling over the pathway which she has traveled. They become a joy and comfort to those who are unselfishly interested with her in the development of her Temple.

Humility—the grace and simplicity of the decorations—banishes the spirit of Vanity from the master

builder and opens to view the modesty and symmetry of the soul dwelling within. The builder well recognizes her abilities, capabilities, faculties, capacities and powers, but she is not a victim of excessive or undue appreciation of these. She uses and applies them in a quiet, unobtrusive manner, without gaudy display or ostentatious parade. Her knowledge of the essential values of life has given her a humility of soul not often found in women endowed with her natural gifts and abilities, and inspires her with the wholesome endeavor rightly to use her God-given advantages.

The Temple decorated with the jewel of Trustworthiness is priceless. We who have followed the Ideal Nurse recognize the value of her construction; for we have seen, all along the way, the costly decoration appropriately and artistically installed with careful forethought. We have viewed its substantial beauties. We have reveled in its constant glitter. It has helped us to a deeper appreciation and a better understanding of the grandeur of the Temple and the worthiness of its occupant.

DOME

ALTRUISM

The Temple is nearing completion. The builder is now employed in erecting the crowning structure. She is adding the finishing touches, as it were.

The Dome is the architectural consummation of the Temple of Individual Character. It is covered with the gold leaf of *Altruism*, the beauty, purity, attraction, permanence and brilliancy of which represent the beauty, purity, attraction, permanence and brilliancy of the Master Builder's Character.

The Dome is being constructed as an architectural ornament to enhance the general beauty and attractiveness of the building that it may appeal alike to the æsthetic and the practical individual. It is to give due and proper proportion to the completed structure that the completed building may stand as a consistent piece of artistic architecture and a monument of perfect, symmetrical beauty, as well as a completed accomplishment worthy of the time, energy and skill devoted to it by the Chief Architect. It shall add dignity, grace, distinction, elegance and finish to the Temple. It shall be the architectural climax of the entire building.

It shall represent a beacon towering far above its surroundings to attract all wanderers traveling along the Journey of Life. It shall stand as a golden reflector upon a high eminence. Its brilliant rays are reflected in every direction and fix the attention of all those wayfarers who travel within the limits of its radiance along their pathway of Individual Life. It shall be the inviting and welcoming signal to every weary, careworn soul who has fallen by the roadside of the broad Highway of Life. It shall be the radiant and crowning glory of the completed Temple.

INFLUENCE

MAGNETIC RADIATIONS

The completed Temple of Individual Character is a structure of living force. It is a dynamo of vital energy. It is surcharged with a potent magnetism which radiates from it, enfolding and enveloping all who come within its limitations.

This living, vital energy, or magnetism, is a mani-

festation of the general atmosphere created by the intermingling of all the potential, constructive agencies within the Temple. It is the general effect produced by the combination and attrition of the constructive characteristics of Individual Life. It is the result of the constructive attitude of soul consistently maintained by the Ideal Nurse.

The magnetic radiations of this Temple of Life exert a helpful, uplifting, inspiring, impelling and exalting influence upon all those whose good fortune it is to come within its limits. No person whose footsteps have been guided to its door ever forgets the inspiration and joy of its constructive influence. There is no individual who has basked in the restfulness of its warm radiations but continues on his journey with stronger determination and greater efforts. No being who once has reveled in the beauties of its architecture can ever forget its artistic harmony. No wanderer who has been blessed with the comfort and sympathy found within its portals ever ceases to be thankful for the gifts received. No soul who once has come within its potent influence ever entirely loses the effect of that influence, but is inspired and impelled to go forth along his Journey of Life and construct for himself a similar Temple of Individual Character which shall stand throughout the ages as a living monument of Strength, Harmony, Beauty and Beneficent Influence, erected upon the substantial basis of Personal Effort and Constructive Endeavor.

Thus stands completed the Temple of Individual Character builded by the Ideal Nurse.

Here it stands as a living pattern to inspire all who are

seeking to erect a worthy Temple for themselves wherein to serve the Cause of Truth and Humanity.

Here it will ever stand to inspire those who are seeking the Light of Truth and striving to walk in the Evolutionary Path of its glorious radiance.

RECAPITULATION

THE TEMPLE

LOCATION

The Mount of Service, beside Life's Highway

PURPOSE

A Temple for Self-Unfoldment and Service to
Humanity

TOOLS

Intelligence, Consciousness, Will

FOREMAN

Personal Responsibility

GENERAL PLAN

Womanhood, Morality, Nursing

FOUNDATION

Stability and Strength of Character

SUPERSTRUCTURE

Self-Control, Self-Respect, Self-Reliance, Self-Poise

ROOF

Charitableness

FLOOR

Honesty, Sincerity, Loyalty, Courage

MAIN ENTRANCE

Perseverance, Physical and Spiritual Refinement

DOORS

Interest in All Activities of Life,
Mental and Physical Cleanliness,
Love for Work and Patients

WINDOWS

Frankness, Courtesy, Kindness, Gentleness

COLOR SCHEME

Cheerfulness, Ambition, Unselfish Sympathy,
Mental Alertness

EQUIPMENT

Industry and Efficiency

DECORATIONS

Tact, Toleration, Patience, Forbearance, Humility,
Trustworthiness.

DOME

Altruism

INFLUENCE

Magnetic Radiations

ELEMENTS OF INDIVIDUAL CHARACTER

CONSTRUCTIVE	DESTRUCTIVE
Intelligence	Want of Intellect
Wakeful Consciousness	Abstraction
Will	Impotence
Stability	Instability
Strength of Character	Weakness of Character
Self-Control	Self-Surrender
Self-Reliance	Dependence
Self-Poise	Excitability
Self-Respect	Self-Pity
Charitableness	Uncharitableness
Honesty	Dishonesty
Sincerity	Insincerity
Loyalty	Disloyalty
Courage	Fear
Affection	Anger
Cleanliness	Uncleanliness
Frankness	Deceit
Courtesy	Discourtesy
Kindness	Unkindness
Gentleness	Harshness
Perseverance	Lack of Perseverance
Refinement	Coarseness
Industry	Indolence
Efficiency	Inefficiency
Cheerfulness	Morbidness
Ambition	Lack of Ambition
Sympathy	Inhumanity
Mental Alertness	Mental Inertness
Tact	Tactlessness

ELEMENTS OF INDIVIDUAL CHARACTER

(Continued)

CONSTRUCTIVE

Tolerance

Patience

Forbearance

Humility

Trustworthiness

Morality

Altruism

DESTRUCTIVE

Intolerance

Impatience

Malevolence

Vanity

Untrustworthiness

Immorality

Selfishness

CHAPTER XXVII

Personal Responsibility in the True Social Relation

This chapter was not originally intended for publication in this book. In one sense it may appear foreign to the specific purpose of this volume. So it is.

In another sense, however, it is but a broader and more comprehensive view of the great fundamental principle of *Morality* that underlies not only this work but all other constructive endeavor.

It is believed that the intelligent reader will at least find it interesting. It is also hoped that she will find in it that which will give her a broader outlook upon life and a clearer understanding of the real motive and purpose back of this entire volume.

Our present day social structure is the result of a development which began far back beyond the range of modern information. The beginning of the social relation dates back to the time when human beings found themselves coming in contact with other human beings like unto themselves with whom it became necessary for them to associate. Then and there began the evolution of the great social responsibility which now devolves upon every individual human being, man, woman and child.

In the earlier periods before the higher education of man had begun, the great law which governed the social

relation was that of "*Might is Right.*" The stronger man physically always possessed the "right." The weaker fell by the wayside. In other words, the survival of the physically fittest was the generally accepted principle in all disputes of every kind and among all people. This early principle was based on

1. Sheer physical force.
2. Physical power.

Gradually, through long years of struggle, strife and inharmony, this has been superseded by the present, dignified, moral law of Harmony. It is the present law toward which all effort is directed in establishing a perfect social relation. This modern law is based on two ethical principles:

1. Friendship.
2. Service.

Since the law of Force has been superseded by that of Harmony, the more intelligent classes of people have come to the recognition of a responsibility which was not understood in the olden times. These have come to realize that in order to create a harmonious social relation the feeling of friendship must exist. They have come to understand that this, in turn, involves the willingness of every individual to surrender some of what he may consider his legitimate rights, privileges and prerogatives, and to assume certain responsibilities toward his fellowmen. In other words, they realize, in a vague sort of way, the great law of Receiving and Giving which makes it necessary, in the cause of humanity, for one man to surrender certain rights, privileges and prerogatives in order that he may profit by the rights, privileges and prerogatives in like manner surrendered

by each and every one of his associates. They begin to understand that every individual must be willing to assume certain responsibilities toward his fellowmen in return for the reciprocal responsibilities they assume toward him.

This great problem of the social relation is one which has been studied, thought over, pondered and cogitated for ages past by the best and ablest intelligences. It has been, and is now, an interesting subject to psychologists, as well as a vital one to society and humanity in general. It is a problem which never yet, up to this time, has been clearly and definitely defined by modern science. It has been solved, however, in a succinct and concise manner by those who are wiser and far greater than some of us.

There is a social responsibility fixed by Nature upon every individual who enters this plane of existence. It is a definitely fixed responsibility. It, like all others, cannot be avoided or violated without just and due retribution.

This responsibility demands that we must at all times hold ourselves ready to befriend and be of service to our fellowmen insofar as our limitations will permit. This means *any* and *all* individuals with whom we come in contact, whether these individuals be friends or enemies. Our purely personal feelings must not be permitted to interfere with the greater object of rendering service wherever possible.

The great purpose of society *in general* is to exchange *service*. The underlying basis of the social structure is *Friendship*. Therefore, the ideal social relation is based on friendship which at all times is ready to

"Ask, to Receive and to Give." And no individual is entitled to become a constituent part of society until he is as willing to *Give* as to *Receive*, in the spirit of true Friendship.

This fundamental truth is recognized in the fact that the entire body of man-made laws has for its object the creation of conditions which will make friendly relations possible, and through friendly relations the highest, possible service.

This responsibility especially weighs heavily upon those who understand and have studied the great, Primary Double Function of the Soul. It is one of the prodigious problems which faces every individual who is striving to live a constructive life, and to exemplify the spirit of such life. It is a fact to be borne in mind constantly by one who strives to represent the philosophy of the ancient Masters of Wisdom, and a thing to be practised assiduously by him in all his relations with his fellowmen and associates.

There is a great essential law in Nature which holds every individual morally responsible to *Give* as freely as he *Receives*. This law binds him to maintain an even balance with Nature by Giving as cheerfully, as wholeheartedly and as unselfishly as he *Receives*. It places upon him the obligation always to render a just equivalent to his fellowmen for everything he receives, whether this be in the physical, the spiritual, the moral, or the psychic plane of life.

This same law binds us to repay all our debts in *equivalent*, but does not bind us to repay them in *kind*. If we receive a material gift or benefit from a friend, we must repay that gift or benefit somewhere, somehow.

It is not necessary, nor are we called upon to repay this in *physical* material; but it is necessary and essential that we do so in *equivalent*, either on the mental, moral or psychic plane. And *vice versa*; but everything received must be repaid in equivalent sometime, somewhere, somehow.

This important and essential law of Nature is known as the Law of Compensation. It is based upon the Primary Double Function of the Soul. It is founded on the problem of Receiving and Giving, which is one of the significant and indispensable problems in the life and development of any individual soul.

Those who have studied the problem of Receiving and Giving and, as a result, have come to understand something of the dignified and inexorable Law of Compensation are equipped better to realize responsibility in the social relation.

Knowledge always carries responsibility with it. The greater the knowledge, the greater the responsibility; for responsibility is based on knowledge. We are held personally responsible and morally accountable only insofar as we have *Knowledge*.

Because of this fact the social responsibility weighs particularly heavy upon those who understand and appreciate the Primary Double Function of the Soul—Receiving and Giving—and the great Law of Compensation.

In the effort to discharge this social responsibility we must establish in our soul, at all times, a sincere feeling of friendly good will and a desire to render service. By maintaining this attitude of soul we are enabled the more easily to radiate the kind of friendliness and com-

panionship which paves the way for the confidence of our associates. One essential is always to make the other fellow feel that in *you* he has a friend whom he can trust, who stands ready to be of help in the hour of his need. He may know that you are aware of his limitations; yet, if he recognizes the spirit of friendship and good will, he will open his heart and thus present an opportunity for service.

The objective is to make the other individual realize by your *attitude of soul* that you are *his friend* in the fullest sense of that word and that he may rely on your help in any legitimate and right thing. In so doing the basis of the ideal, social relation is established.

This spirit of friendly good will and the attitude of service is the essential point of differentiation between the politico-economic socialism of today and the true social relation. Modern socialism is an *adhesive* rather than a *cohesive* force. The members of the social body are held together by their superficial surfaces of material exchange. The spirit of friendly good will and mutual service, which should bind them into a permanent and cohesive body with a common center and a common attitude of soul, is entirely lacking. The true, deep, binding spirit of the entire institution is lost.

Without this socialism of any sort cannot exist permanently and prosper. Without this higher, spiritual aspect constantly in view, Socialism is bound to topple and fall. It is inevitable. This is and has been the underlying cause of the failure of this body in both the present and the past.

The Socialism of today deals with things on the purely physical, material, political and commercial plane of

existence. The spiritual aspect of life is left entirely out of the problem. The psychic side of life is entirely forgotten or overlooked. And this is wherein Modern Socialists make their gravest mistake, for this is the deeper and far more important consideration in the problem. Without this phase of the subject in mind constantly Socialism is null.

The one great purpose of life is the individualizing of intelligence. Each and every human being is a living soul given life for the express purpose of individualizing, developing and unfolding his latent powers of soul. He is sent to this plane of existence to acquire knowledge and experience and thus to attain his soul growth.

The social institution is an opportunity given each and all of us to gain experience and knowledge and fulfil the Primary Function of the Soul—Receiving and Giving. If we desire to grow and to receive just compensation for performing this function we must do it in the spirit of cheerfulness and good will. Therefore, if each and every one of us fulfils the purpose of his existence and the Primary Function of his Soul in the right attitude of mind and soul, then the social relation becomes a matter of *Mutual Receiving and Giving in the spirit of friendly good will*.

This is the spiritual and psychological aspect of the social relation. This is the essential, higher, spiritual aspect which is overlooked by our modern socialists. This is the common thought and attitude which should make of Socialism a cohesive body. This is the spirit lacking which makes of it instead an adhesive body, bound together by surface contact only. This is the kind of Receiving and Giving which includes vastly more than

Coöperation. It is the absence of this power which causes the continual and repeated failure of modern, socialistic efforts.

This higher aspect shows something more than the cold exchange of physical things on the purely material plane. It expresses the true spirit and purpose of Receiving and Giving at the basis of the constructive social relation. It portrays the deeper and more important view of this permanent and inevitable relation between individuals.

Mutual, friendly Receiving and Giving is the only true basis of constructive Socialism!

The question may be asked, as it has already been in the past, why *Coöperation* has not been treated as a basic principle of the social relation.

This is the reason: From association with, and the study of, modern Socialism I find that the word "Coöperation" has become a word of mere convenience to express the purely physical exchange of material things on the material plane. It has become a word unexpressive of anything above the physical plane of life. It is used to express the give and take of mere physical commodities. It applies only to things on the purely physical plane.

The *true* social relation, however, deals with the higher, spiritual aspect of life and association. Because of this fact, and because this true relation is the one under discussion in this chapter, only such words are intended to be used as will express adequately the higher as well as the lower phase of the subject.

Service means mutual Receiving and Giving. It includes Coöperation, but Coöperation does not necessarily include this kind of Service.

For this reason the word *Service* has been substituted for *Coöperation*. And to express the higher spiritual aspect upon which all true service alone is possible we use the term "*Friendship*." Therefore, true Socialism is based upon the two principles of *Friendship* and *Service*—the attitude of soul and the act performed.

A practical and double illustration may serve to show the purely *adhesive* qualities of *Coöperation* alone, as well as the solid, permanent *cohesive* qualities of *Service*, including its higher aspect:

Two Modern Socialists reside on opposite sides of the road from each other. One—Mr. A.—raises potatoes. The other—Mr. B.—makes brooms.

These two men are endeavoring in their daily lives to exemplify the principles of Modern Socialism in their mutual relations. They believe thoroughly in the principle of *Coöperation* as taught in the modern, politico-socialistic platform of principles.

B. goes across the street to exchange materials with A. The former gives a broom in exchange for potatoes. The coöperative act is accomplished. This closes the incident as far as they are concerned. They have fulfilled their duty in exchanging the physical materials. They have completed their cold, business proposition. They separate with an economic chill of "Thanks."

Immediately the selfish motive begins to gnaw at the hearts of these men. On the way home with his potatoes B. soliloquizes thus:

"Well, old man A. and I have coöperated all right, but I wonder now if he hasn't cheated me out of a potato or two. You know, its every fellow for himself these days, and if a man don't look out for himself even his

best friend will often beat him out of something. My broom was good stuff and all right. Surely it is worth more than this little handful of potatoes. Why, he'll get a lot more value out of that broom than I'll ever get out of these spuds, and it'll last him ever so much longer, too. It isn't quite right; and next time we coöperate I'll see that I get several more potatoes for my broom," etc.

B. thus goes on his way dissatisfied, disgruntled and looking only after his own selfish interests.

A., being left behind, goes through virtually the same, cold, selfish capitulation of the purely material coöperation. He feels that he has been treated with contumely and, in all probability, has been grossly cheated. He, too, is dissatisfied, disgruntled and disquieted. No unselfish feeling enters his soul; no friendly good will, no pleasure results from having served his fellowmen. Merely the cold, unfeeling principle of socialistic Coöperation has been exemplified. His only comfort is in the consciousness that he is a Socialist, and that he has fulfilled his coöperative responsibility to his brother Socialist. He and his neighbor are held together by the mere bond of material and commercial exchange—by *surface* contact only.

Now, on the other hand, let us suppose that these men understand and appreciate the basis of *true* Socialism. They realize the meaning of *Service* and *Friendship*, and all that these terms involve. They have this higher aspect constantly in mind in any mutual exchange of physical, mental or moral values.

Let A. and B. now make their same exchange of potatoes and brooms. The spirit of friendship exists be-

tween them at the time their trade is made. This kindly spirit causes them not only to exchange their material possessions cheerfully and generously, but it prompts them to exchange friendly remarks and to wish each other satisfaction with his new asset. Each knows that the other wishes him well, is his unselfish friend, and is willing to help him in the hour of need.

On his way home B. summarizes thus:

“How pleased I am that I have been able to serve neighbor A. I trust I have given him full equivalent for his potatoes, because he deserves every bit of it. He’s a fine man. I like him and I like to be of help to him. I’ll be glad to go back there again when I need more potatoes for I am sure to receive just compensation for every broom he takes. He’s an honest man. I do hope his broom will give him good service, and I hope he will be satisfied with it. I’d rather give him two brooms than to feel that I had cheated him.”

A., in his mental discussion of the trade, feels that he has been very fortunate in having this opportunity to exchange with B. He is pleased that he is able to repay his friend and neighbor in such manner as to fill this immediate need of his. He feels kindly toward his neighbor and wishes him well in every way. He desires to do more business with him. He sends out thoughts of friendly good will and service to accompany his friend B. on his homeward way. And so, the higher aspect of the transaction has been kept in view constantly.

The spirit of friendship has prevailed, and true Socialism has been exemplified.

In this case these neighbors are held together by the soul attitude of friendship, good will and service, into

a closer and more intimate contact. They are bound by a *Cohesive* force of mutual fellowship and good will.

Note the difference between the cold, commercial *Coöperation* and the warm, friendly spirit of *Service*.

This double illustration shows the superficial *adhesive* force of mere physical and commercial *Coöperation*—of the mere exchange of brooms and potatoes—as well as the deep, *cohesive* force of *Service*—of the physical, commercial exchange *plus* the soul attitude of friendship and good will.

The first binds the men together only by the cold, commercial proposition and the knowledge that both are modern Socialists. They are held by *surface contact* only.

The second binds the men together by the friendly, mutual attitude of soul, and the knowledge that both are endeavoring to render true *Service*. In this case they are held *en masse*, as it were, by the higher bond.

In the first case there is nothing to palliate the cold, physical act. That is the only essential thing in the proposition. In the second case, however, the same physical act is warmed and brightened by the spirit of friendship, good will and service. The physical exchange merely is an incident in the proposition. It furnishes only the physical basis of *Coöperation* upon which the higher soul attitude of true *Service* may be exemplified.

Mutual Receiving and Giving in the spirit of Friendship is the only basis of true Socialism. It unites people into a permanent, cohesive society which is bound to grow and prosper.

It is not always an easy matter to maintain the sense of friendship and good will toward certain individuals.

At times we find ourselves deeply critical of another's idiosyncrasies; of his *modus operandi*; or, of his moral principles. We do not approve his internal attitude of soul, nor do we fail to recognize his limitations in other ways. However, this involves the question of judging him—which we all know is out of our jurisdiction—and calls for the more active practice of Self-Control and the exercise of Will to overcome these criticisms and objections and to force at least the outward semblance of friendly good will.

In dealing with this social problem it is well to bear in mind one fact:

It is essential that we *tell the truth*; but it is not essential that we *always* tell the *whole truth*.

By this is meant that if we endeavor to radiate an atmosphere of friendly good will and service we must be truthful in the matter to the extent that we *feel* within ourselves this same constructive spirit. If we have this in our souls we tell the truth and exemplify honesty in conveying this attitude to our fellows.

Our consciousness may be fully alert to the fact that we disapprove of another's moral principles, or of his business methods. On this basis we dislike the man personally. On the other hand, we recognize the fact that in his character are many strong and admirable elements which we appreciate and credit.

Now, in order to establish the basis for an ideal social relation it is our duty and responsibility to maintain the admirable elements of character uppermost in our minds, hearts and consciousness, and to relegate the others to the background. This is necessary in order to establish

the friendly feeling of good will and the desire to render service to a fellow.

By following this method we tell the truth when we convey through our attitude that we feel friendship and desire to invite confidence. On the other hand, we do not tell the *whole* truth in that we have not indicated our objection to his moral principles or business methods. But—is this *necessary*?

Just at this point in the solution of the problem we are called upon to demonstrate our Tactfulness. Here we are given the opportunity of exemplifying our inherent or acquired *Tact*—or lack of it—by determining just how much or how little of the truth must be told.

By telling the whole truth we might awaken anger, resentment or fear in the mind of the individual and cause him to shun us; whereby we lose his confidence and any future opportunity for helping him to realize and overcome his shortcomings. In other words, by telling the *whole* truth it is very likely we should slam in our own faces the door which leads to confidence and shut ourselves out forever from the internal life of our fellow.

We would erect a barrier in the way of accomplishing our main object in the social relation.

In conveying only the friendly part of one's attitude of soul the confidence and companionship of another are invited. By proving friendship to the individual at every turn of the way soon he will come to feel that here is a friend who will understand and help him. He will come to know that every effort on this friend's part is an effort to be of service to him.

When this attitude of soul is established within him inevitably the opportunity will arise when it will be

possible to lead him to an understanding of his shortcomings. The fact that these have been known, and yet, in the face of that fact he has been befriended by one who has known his limitations, will establish greater confidence; and the right suggestions and remedies will be accepted by him in the right spirit and with appreciation. In the majority of cases the individual will strive to eliminate these destructive elements from his character.

Through the use of Tact in dealing with the individual, by telling only part of the truth, the helper has gained his confidence, established a worthy friendship, rendered helpful service, and thereby fulfilled his social responsibility to the best of his knowledge and ability.

A personal experience proves the efficiency of this *modus operandi*:

Almost two years ago the author became acquainted with a woman of good education and fine abilities. We met on an equal social basis. We mutually understood that in future we would be associated closely in the social relation.

During our first meeting, and many times thereafter, I seemed to sense a superior mental attitude on the part of this lady—Mrs. B. I realized that she was dealing with me from an assumed “higher” altitude. After a short time I indirectly received evidences of her criticisms of me and of her critical attitude of mind toward me. Naturally I resented these things internally. My spirit of independence prompted me to express to her my exact opinion and to drop the association then and there.

However, there were elements and qualities of character within her which I deeply admired and respected. Something within kept advising me to bear these in

mind and to forget the unlikeable traits. It seemed to say that, inasmuch as circumstances made it necessary for me to meet and associate with her, why not overlook these disagreeable traits, and do so in a friendly spirit. It would ease the situation for me as well as for her and all parties concerned.

After studying the matter carefully I decided that this was the better course of action. Then I tried to establish within myself a feeling of real friendship and good will toward her. When out of her presence I succeeded; but when with her, my internal resentment again awakened and at times I had to struggle hard to conceal it. I realized, however, that if only I was strong enough within myself I could withstand any attitude on her part.

To make a long story short, I fought long and diligently with myself to manifest only a friendly feeling toward Mrs. B. when we met. I succeeded. As a result of this effort our association progressed quite harmoniously.

During this time I had the opportunity to render some unselfish service to her. I made use of this opportunity and performed the service as cheerfully and graciously as I knew how—and without comment.

One year following our meeting we were thrown into daily association while members of a camping party. We were the only two women in camp; so, we had every opportunity for mutual study and to become thoroughly acquainted.

On one of these occasions she seemed inclined to become confidential. I encouraged her by giving her my entire attention. She opened the subject of Criticism. We discussed the theme for some time, exchanging ideas and opinions very freely. I sensed a possible

opportunity to tell her some things. Then I encouraged the conversation in every plausible way.

Finally, after a long discussion, she made an open confession of her criticism and of her past dislike of me. She admitted that she had no reason for it, but she just couldn't help herself because she was naturally of a critical disposition. She then asked me point blank if I ever had noticed this in her character.

Then and there my opportunity presented itself. I seized it. In a nice manner, and without resentment, I told her of my knowledge of her attitude and of her criticisms. I expressed my exact impressions of her and mentioned, not only her unlikable, but also her likeable qualities of character. I noted that she was not deprecating my statements. In fact, they were being accepted in a beautiful spirit. I went on to tell her some things about herself which apparently she had never known or realized.

Before the conclusion of our talk she thanked me for the manner in which I had treated her during the last year, and expressed her gratitude for the help I had given in revealing her to herself. She appeared very appreciative, saying that I had taught her one of the best lessons of her life.

Immediately following this experience her attitude toward me changed; and since that time I have every evidence that she is one of my most loyal and true friends. She never ceases to express appreciation for the service rendered her.

This individual was of the independent, proud and sensitive type. If I had acted upon my first impulse succinctly to express my true feelings, I feel sure I should

have incurred her deepest enmity. I believe I never would have gained her confidence and, therefore, never would have been in position to render the service which later it was my privilege to do.

This one experience did much to teach me that there is a great, individual, social responsibility which is based on two principles:

1. Friendship.
2. Service.

It made me realize that in fulfilling this responsibility the individual must use not only a *quality* but also a *quantity* of high grade *Tact*.

In this connection a short diversion on the differentiation between *Tact* and *Deception* may be of help. My own personal experience and observation in the past have led me to believe that this differentiation frequently is misunderstood—particularly by women, more so than by men. *Tact* often is confused with *Deception*.

Tact means—acute mental discernment of the best course of action under given conditions; particularly in dealing with others with the *intention* of not offending.

Deception means—that which is *intended* to deceive or mislead.

In the deeper study of these definitions we find that *motive* and *intent* are the underlying bases which determine whether an act be one of *Tact* or of *Deception*.

If an individual, in dealing with another, mentally discerns that by evading or violating the truth in a particular instance he may render a great service; if he realizes this evasion or violation is a mere detail which

will not do anyone harm; and if he does this with such motive and intent in his soul, then he exercises *Tact* which is *constructive*.

If, in dealing with another individual, a person deliberately sets out to deceive that individual and consciously and intentionally evades or violates a truth which may do harm, with this motive and intent in his soul, he then practices *Deception* which is *destructive*.

It is the active motive and intent which determine whether an act be one of *Tact* or of *Deception*. It is the responsibility of an individual always to know definitely his own motive and intent in exercising *Tact*; for, upon this alone depends whether he be a tactful or a dishonest individual.

Every human individual differs essentially from every other individual. Therefore, every individual must be dealt with according to his or her own constitution. A person cannot use exactly the same tactics in dealing with any two different individuals. In one case he may need to use a frank, straightforward and concise method of treatment in order to make an impression on his associate. In the other case his *modus operandi* may be entirely the opposite—a direct antithesis. He may be called upon to follow a devious road of kindness, gentleness, sympathy and consideration in order to reach the consciousness of his man.

During a colloquy on the subject of *Tact*, a friend illustrated this point in the following manner:

Suppose you had a small child as a protege. For some reason you find it your responsibility to transport that child to a destination some miles away. There are two roads leading to this place. One is a straight,

short road leading direct; the other a devious, long and indirect way.

You know that the straight is beset with many dangers. At one point is a nest of rattlesnakes. A short distance away is a dangerous river crossing. Beyond that is known to be a robber's den. You know the entire road to be rough and difficult. You cannot feel sure of the safe delivery of your child at the destination.

On the other hand, you realize that the longer route of travel is safer, smoother and easier all the way. There are no grave dangers to face and meet. You are comparatively sure that your protege will be safely transported.

You also realize that if this child is exposed to these dangers fear will be awakened in his soul, and resentment for you because you are the one who exposed him. You realize that you will lose his confidence. In future he will rebel against following you for fear he will be led through similar pitfalls of danger.

Whereas, if you follow the safe route you will maintain the child's confidence, trust and love, and continue to wield a good influence over him in future.

Now, which route would *you* follow? The straight and dangerous path, or the devious and safe road?

I think all will agree, as I did, that he would take the longer route.

The same principle holds true in dealing with various individuals, and in friendship.

If we desire to gain and maintain the friendship and confidence of an individual we must lead him gently to this destination by the devious, safer road and avoid all obstacles on the way, as best we can. By the use of

Tact we must avoid dangerous frictions, prejudices, idiosyncrasies, interferences and incumbrances on the road, and keep the pathway smooth, safe and easy. In this manner the individual will establish more confidence in our wisdom, will trust to us in future, and will be willing in future to follow where we lead.

In dealing with different individuals it is well to bear in mind the concept that each person is a protege and that it is our responsibility safely to transport that protege to the secure destination of Friendship. This will help us to follow the road of Tact which is often the devious, roundabout, but safe road leading to the goal of loyal Friendship and Service.

If we realize that it is possible for us to gain a person's confidence, trust and friendship and, perhaps, to render him a great service by withholding, evading or violating the truth, then it is our duty to use astute mental discernment and, with the right motive and intent, *do so*.

If, after studying a given condition and circumstance, we realize that the only method by which to deal with a certain individual is to be truthful, frank and succinct, then it becomes our duty to *do this*.

In other words, in dealing with people we first must study the individual and the given circumstances. We then must use our judgment in deciding the best course to follow in order to avoid offense, to establish confidence, and to render service.

If we do this in the right attitude of soul and mind and with a right motive and intent then we exemplify *Tact* which is constructive to soul growth and unfoldment.

Tact is constructive. Deception is destructive. Mo-

tive and Intent is the basis upon which this is determined.

Tact is the open sesame to Unselfish Service!

“Who *asks* not, the chambers are darkened,
Where his Soul sits in silence alone.
Who *gives* not, his Soul never hearkened
To the love call of zone unto zone.

Who *prays* not, exists, but he lives not;
A blot and a discord is he.
Who *asks* not, *receives* not, and *gives* not
Were better drowned in the sea.

Ah, the asking, receiving and giving,
Is the soul of the life that we live.
All the beauty and sweetness of living
Is to ASK, to RECEIVE and to GIVE.”

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Massage. By MAX BOHM, M.D., Berlin, Germany. Edited by CHAS. F. PAINTER, M.D., Tufts College. Octavo of 91 pages, 97 illustrations. Cloth, \$1.75 net. *June, 1913*

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Care of Patients Undergoing Gynecologic and Abdominal Procedures (BEFORE, DURING, AND AFTER OPERATION). By E. E. MONTGOMERY, A.M., M.D., LL.D., F.A.C.S., Professor of Gynecology in Jefferson Medical College, Philadelphia. 12mo of 149 pages, illustrated. Cloth, \$1.25 net. *Published December, 1916*

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